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FEDERAL AND STATE EFFORTS IN THE WAR ON DRUGS AND DRUG-RELATED CRIME IN CONNECTICUT

HEARING

BEFORE THE

SUBCOMMITTEE ON GENERAL SERVICES, FEDERALISM, AND THE DISTRICT OF COLUMBIA

OF THE

COMMITTEE ON GOVERNMENTAL AFFAIRS
UNITED STATES SENATE

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FEDERAL AND STATE EFFORTS IN THE WAR ON DRUGS AND DRUG-RELATED CRIME IN CONNECTICUT

TUESDAY, MAY 30, 1989

U.S. SENATE,
COMMITTEE ON GOVERNMENTAL AFFAIRS,
SUBCOMMITTEE ON GENERAL SERVICES,
FEDERALISM, AND THE DISTRICT OF COLUMBIA,
New Haven, CT.

The Subcommittee met, pursuant to notice, at 9 a.m., in the New Haven Boys and Girls Club, 253 Columbus Avenue, New Haven, CT, Hon. Joseph I. Lieberman presiding.

Present: Senator Lieberman.

OPENING STATEMENT OF SENATOR LIEBERMAN

Senator LIEBERMAN. Good morning. I want to thank all of you for being here today, and I especially want to thank the Boys and Girls Club for letting us hold this hearing in their beautiful new building.

We are conducting this hearing today as a part of the Senate Subcommittee on General Services, Federalism, and the District of Columbia, which is a subcommittee of the Governmental Affairs Committee.

I have been specifically authorized to hold this hearing by the Chairman of our Committee, Senator Glenn of Ohio.

This Subcommittee has authorized a number of field hearings in different States on the problems of drugs and drug-related crime, to gather information and ideas that will help us make recommendations on the drug policy of our country to our new, so-called drug czar, William Bennett.

This, I am proud to say, is the first of those hearings that will be held around the country.

The Nation's attention is now firmly focused on the problems caused by drug abuse. These problems touch some of our greatest fears and concerns: fear for our own personal security, fear for our children's safety and future, and the fear that so many people—good people—are literally throwing their lives away.

Kids in Connecticut today are growing up in a different world than the one my generation knew. It is a world that is filled with drugs, dealers, fast money and crime.

For many of these kids, it is also a world filled with violence. Some families in the inner city face the prospect of becoming prisoners in their own homes. They are afraid to venture outside be-

cause of the blatant drug-dealing that is taking place on their doorsteps and the risk of getting caught, literally, in the crossfire of drug-related wars.

The problem is not limited to urban areas, as you all know; many people from the suburbs are hooked on drugs and commute to the city to keep up their supply. The middle class provides the money that helps keep the drug operation in place.

The State of Connecticut has made great strides recently in beefing up its law enforcement efforts and its entire effort against drugs.

Drug-related arrests, prosecutions and convictions have skyrocketed in the last few years here in Connecticut, and the convictions have brought strong sentences. But the absence of sufficient space in the prisons and treatment programs has placed our criminal justice system in turmoil.

Many drug defendants are now serving only 10 percent of their sentences; often they are back on the street in 2 or 3 months.

Two or three months in prison is not much of a threat to a kid who can make as much as $500 a day dealing drugs.

Because of prison overcrowding, some convicted drug users are sentenced to treatment facilities instead of prison. But that leaves thousands of drug addicts who have not been arrested waiting for a spot to open up so they can get help.

The State of Connecticut has not been idle in attacking these problems. It has already embarked on an ambitious program to expand its prisons by 6,000 beds by 1992, but that, of course, will take time.

The State is pouring resources into education and treatment, too, but the waiting lists still remain. Our State has taken the lead but, in my opinion, it needs consistent, well-targeted support from the Federal Government.

The purpose of this hearing is to hear first-hand about these problems in Connecticut, and to get ideas and advice from people who are on the front lines and bring them back to Washington.

All of the proceedings here this morning are being transcribed and will be made part of the official record of our Committee in Washington.

Bill Bennett, the Drug Czar, has asked for recommendations from us on our national drug policy, and I promise you that I will use what I hear this morning to formulate those recommendations.

Congress has passed three major drug bills in the past 5 years. Now is the time to analyze what is actually happening in the States and local communities and on the streets and ask what the Federal Government can do to improve the programs that are in place. I hope that this hearing will start us down that road.

We are very fortunate today to have an impressive array of witnesses.

Governor O'Neill will open the hearing with an overview of the drug problems Connecticut faces and some recommendations.

The Governor will then be followed by three panels of witnesses; the first dealing with problems facing our criminal justice system, the second with drug treatment programs, and the third with community efforts to cope with drug problems.

I would like to thank all of the witnesses for their participation. I am here to listen, to question and to learn.

If I may, before calling on the Governor, I want to introduce, to my right and your left, Aaron Bayer, who is a legislative assistant from the Washington office and, to my left and your right, Joan Jacobs, who is a member of my staff in the Hartford office, where there is considerable concern for drugs and drug-related problems, among the other problems we face.

I am now very proud to welcome Governor O'Neill, who is accompanied here today by William Carbone, Under Secretary of the Office of Policy and Management.

And we thank the Governor for his time and for his leadership in Connecticut's war on drugs.

Governor O'Neill.

TESTIMONY OF HON. WILLIAM A. O'NEILL, GOVERNOR, STATE OF CONNECTICUT, ACCOMPANIED BY WILLIAM CARBONE, UNDER SECRETARY, OFFICE OF POLICY AND MANAGEMENT

Governor O'NEILL. Thank you, Senator, and thank you for holding this hearing on what we, in Connecticut, feel is vitally important; there is a problem that clearly threatens the very form and fiber of our society.

The impact of crime and drugs on our State budget, our criminal justice system, and upon the people of this State is without precedent.

The Connecticut Alcohol and Drug Abuse Commission estimates that alcohol and drug abuse costs this State about $5.5 billion a year for treatment programs, family support, lost employment, incarceration, motor vehicle accidents, crime, injury and death.

But the financial cost of substance abuse is only part of the picture. The human cost is far more serious and certainly more tragic.

Addiction is now recognized as America's most pressing health problem. In Connecticut, for example, medical autopsies where the presence of cocaine was detected has increased by more than 62 percent from 1987 to 1988.

Drug addicts, their partners and the children born to them account for an increasing share of the newly documented cases of AIDS; specifically, 55 percent of the new cases of AIDS reported in Connecticut in 1988 were associated with intravenous drug use.

But it is not only addicts who are paying the price of substance abuse. We are all paying through the rising crime in the streets and in substantial increases in the tax dollars we lay out to fight the many faces of this menace.

For fiscal year 1988–89, this State is spending more than $744 million on our criminal justice system. This is an increase of 204 percent over what we spent just 7 years ago.

We are forced to spend this money because: police estimate that 80 percent of all burglary arrests and other property crimes are drug-related, and arrests are up nearly 80 percent since 1980; police estimate that 60 percent of violent crimes are drug or alcohol-related; arrests for drug offenses are up 223 percent this decade and have nearly doubled in the last 2 years.

Additionally, we are forced to spend this money because nearly 50,000 persons are on probation in Connecticut, more than a 100 percent increase since 1980, and over 65 percent of these persons are substance abusers; the number of persons jailed for possession of narcotics is more than five times what it was in 1984. The number sentenced for drug sales is nearly 12 times higher. And some 74 percent of all persons in jail are considered substance abusers.

The number of persons under Department of Correction supervision—some 4,100—is three times greater than in 1980, and projections suggest that number will double again by the mid-1990's.

And, so, our police, our courts, our probation and home supervision programs, and our jails and prisons are all threatened by the rising tide of drugs.

We in Connecticut have been attempting to meet this problem head-on. We have made an enormous commitment not only to the enforcement of drug laws, but to expanding and improving drug treatment and education.

In the area of enforcement, we have added more money to Connecticut's Narcotics Task Force; we have established dedicated drug prosecution units in eight judicial districts; we have added new judges, prosecutors, public defenders, court staff, and new court houses.

Just 10 years ago, Connecticut had the capacity to jail less than 3,500 inmates. Today, that capacity has grown to nearly 8,500, and we have embarked on an ambitious expansion program that will add 6,000 more beds by 1992. We are determined that there will be a prison bed for every offender who should be imprisoned in the interest of public safety.

But, of course, enforcement is not enough. Treatment and education are essential as well if we are to make meaningful progress in this crisis.

In the area of treatment, CADAC and DCYS together serve nearly 10,000 clients a year at in-patient and out-patient facilities. There has been a 34 percent increase in the capacity of these programs in the last 2 years alone.

However, with some 260,000 alcohol abusers and 160,000 abusers of other drugs here in the State, it is clear that there is still a need, an un-met and growing need.

In recognition of this need, my administration is working to identify under-used State properties which can be quickly converted for use as drug treatment centers, allowing the potential for thousands of new treatment slots.

We are also among the leaders in the fight against AIDS and IV drug use. Connecticut was the first State to establish AIDS testing sites for drug users.

But we must also look to the future, and the only way in which we can really effectively fight the drug problem; and that is through education and prevention.

In Connecticut, 140 towns now have alcohol and drug abuse councils; 145 of our 165 school districts are now implementing programs to each drug education in every grade in every school; and we have adopted a multi-year plan for statewide prevention serv-

ices, which will provide self-esteem among young people by helping them form bonds with family, friends, schools, and communities.

All told, we have made real progress in our enforcement, treatment, and education programs. But the problem continues to grow faster than we can deal with it.

I come here today to tell you that if there is to be a drug-free America, the Federal Government must assume a stronger leadership role. The massive resources needed in this war—and the enemy here is as insidious as any this nation has ever faced—must come not from Hartford or Albany or Sacramento, but from Washington, DC.

I, therefore, make the following recommendations:

I, first of all, call upon President Bush and the Congress to support the use of abandoned or under-used military bases to house prisoners convicted of drug sales, possession, or other drug-related crimes.

The use of these "drug prisons" holds several notable advantages:

Billions of dollars will be saved in land purchases, architect and engineering fees, and construction will be saved.

The military bases are already built. Environmental studies and delays encountered with new prison sites would be avoided.

Such facilities have existing utilities, such as water, waste disposal, electricity, and gas.

They have existing dormitory space and recreation areas. High-level security used to keep people out could be used to keep people in. There also exist support services such as kitchens, dining areas, medical facilities, classrooms, and laundries.

The economic impact of base closings would be reduced because corrections jobs could be available for military employees displaced by closings.

I also call upon the President and Congress to reserve a portion of the newly-planned Federal prison space for offenders from States, such as Connecticut, that have seriously overcrowded systems.

I applaud the President's decision earlier this month to add 26,000 new beds to the Federal prison system. After all, we cannot maintain the integrity of our criminal justice system unless we have enough space to make prison sentences meaningful.

I am quite certain that governors would be willing to pay the Federal Government per diem costs for the housing of state prisoners once the new facilities are open.

Since there is a very direct relationship between the drug crisis and prison overcrowding, states could assign to the Federal system prisoners who have been convicted to drug offenses and who are in need of drug treatment.

Further, I call upon the President and Congress to increase substantially Federal funding for drug treatment programs.

What we need at the Federal level is the moral equivalent of the effort to upgrade the national defense. By way of example, at present, Connecticut receives some $3 million in Federal funds for drug treatment. We are pleased to receive this assistance and it is being put to good use, but it is a mere drop in the bucket and it will not do much to help solve our problem.

Finally, there must be greater Federal support to the States for drug education. At present, just over $1.5 million in Federal money is provided to local education agencies.

For a city such as New Haven, that means about $60,000. This is simply not enough for our only long-term hope for defeating drugs. New Haven has nearly 40 public schools; $60,000 barely covers the salary and fringe benefits for one teacher.

The Federal Government must make a much stronger commitment to adequate drug education. If it cannot stem the tide of drugs coming into this country, it is morally bound to do what it can to stem the desire and the need for drugs among our citizens, especially our young people. Over the long term, this approach will not only save money, but it will save lives.

In essence, the Federal Government must find the will to deal with this problem before it eats us alive. I would suggest to President Bush that it is a problem on which he can move rapidly and aggressively.

The American people and the people of Connecticut are in accord: they want drugs and crime associated with drugs flushed out of our streets, our schools, and our society as a whole. They want drug criminals to be sought out, prosecuted, and given jail sentences that stick.

The decent people of this State and Nation must be heard on this issue. Their concerns must be addressed and their needs must be met. Drugs today have become the root of all evil in America. If they are not torn out now, I fear for the society we will leave our children.

Senator LIEBERMAN. Thank you, Governor. I appreciate your testimony. It is, both factually and philosophically, very helpful.

In these charts, you can see that this problem is startling. The last one in particular shows an enormous increase just in the last year in the in-house jail populations. It is remarkable and obviously important.

Do you have any idea, Governor, of how Connecticut's prison overcrowding situation compares with other States?

Governor O'NEILL. Well, it is certainly one of the highest in the Nation, if not the highest.

We are trying, at this time, of course, to construct prisons across the State of Connecticut; the need is there. We are moving as fast as we can.

And, of course, Bill Carbone is with me this morning and can probably speak to the specifics.

Mr. CARBONE. Thank you, Senator. Connecticut is one of more than 40 States around the country that is experiencing serious overcrowding problems with criminals.

In many cases, the States are, in fact, under Federal court order where, in fact, the prisons are taken over by the Federal courts and limits are set.

We, I think, have done as much as any single State can do to deal with the problem. We have added over 5,000 new beds in the system between the early 1980s and the present.

And at the same time, we have over 4,000 people who are essentially in custody under the Department of Corrections, but who have been released through a whole range of community programs,

including halfway houses and home release and community release.

All of us in the justice system recognize that the principal instigator behind these numbers is drugs.

The vast majority of people who are in prison—over 74 percent—are substance abusers.

On any given day, if you were to go into the institutions today, you would find that 25 percent of them are exclusively in on sale or possession of narcotics; 25 percent of the 8,000 men who are in the system today. And of the balance, of the other 6,000, some 80 percent of those who are in on property crimes are drug-related, and 60 percent of those who are in on violent crimes are drug-related. So, there is an unmistakable relationship.

This is not just a Connecticut problem; it is a national problem.

Senator LIEBERMAN. Would you say that this is a question of there being more crimes related to drugs or more arrests of criminals who are involved in drug-related crimes, or both?

Mr. CARBONE. Well, there is clearly an increase in crime overall. And we are seeing that, particularly in crimes that are most likely to result in prison terms—and by that, I mean, the more serious, violent type of crimes—are drug-related.

But what we have also had happen in the State of Connecticut, which has not happened in other States, is a tremendous enforcement effort.

We at the State have made literally millions available to local police departments and special drug units for training, for purchase of equipment, for buy money.

And there is a dramatic relationship; as soon as you make that money available, you see that the arrests go up. So, it is tremendous enforcement.

And also we have not only invested in police. We have put special narcotics units in all the courts, and what they do is move the cases quickly through prosecution; they have a 90 percent conviction and incarceration rate.

In fact, our prosecutors were recently cited by the Federal Justice Department as having among the best records in the country for conviction and incarceration in drug cases.

Senator LIEBERMAN. So, clearly, part of our problem comes from the fact that our law enforcement efforts may be a little bit better than the efforts of some other States.

Governor O'NEILL. That is very true, Senator. It is ironic to say that we try to do the best that we can; we are. And we just do not have the space to place these people in.

We are trying to build as fast as we can. Of course, other people are objecting to expansions in some communities, but we are going forward anyway.

But I really believe that, if a person that was incarcerated for drug abuse in Connecticut, if he was sent to a place in Arizona, that would be fine with us.

And I honestly think that some of the other governors would be happy to help pay a per diem to the Federal Government rather than have to build more prisons here in Connecticut at a much higher cost.

Senator LIEBERMAN. Well, I think your suggestion is an outstanding one, really, for all the reasons you stated. One of those reasons was that it could make space available more quickly—and, obviously, we are in a crisis situation now—and, secondly, that it would make space available much more cheaply.

In advance of my next question, let me just say that I am not aware of substantial unused military space in Connecticut, so I presume you are thinking of either a regional or even a national solution to this problem. Is that correct?

Governor O'NEILL. That is correct, Senator. I do not think that you could designate just a particular base or a particular State.

And that is why I made reference to a long distance from Connecticut, perhaps the State of Arizona, meaning that if a person knows he is going to be incarcerated for a drug crime, he may not be in his home State, where his family and friends could come and visit him and so forth. He may be incarcerated 1,000 miles from home; that might limit his return, as well.

Senator LIEBERMAN. On the question of space of a different kind, I want you to know that testimony that will be offered here later this morning by some of those involved in drug treatment programs suggests that one of their major problems often is just finding a place to locate.

In view of this problem, I personally commend you for your effort to review State properties to see if any are under-used and available for drug treatment programs.

Let me ask you to talk a little bit more about that problem. If either of you has any other suggestions for steps that could be taken at the local, State or even Federal level, to make more space available for drug treatment programs, I would appreciate that.

Governor O'NEILL. Well, I think it is probably a known fact by all that the only long-range solution is education, and it has to start in the younger years, first-grade students and kindergarten students, so that the desire for the use of the substance is destroyed before the person is old enough to be even thinking about using it. That is the only long-term solution we see.

But, certainly, in the interim period, we have to incarcerate those that should be, and we have to train and treat at the same time, especially to try to get them off that habit.

We are trying to do that. There are some State facilities that are available; I think that Bill could be more specific as to locations.

But many of the hospitals that were needed for various illnesses and diseases back in the thirties and forties, when some of these institutions were constructed, those situations and those diseases and problems do not exist today in the 1980's and 1990's and the space is still there and the property is still there.

Mr. CARBONE. We have throughout the State of Connecticut facilities that were originally set aside for those suffering from mental illness or for those affected with mental retardation.

You know, as an example, Connecticut Valley Hospital or Norwich Hospital at one time had thousands of patients, but there has been significant deinstitutionalization over the last several years so that many of the former residents are now in group homes.

And what you have are enormous buildings owned by the State—in fact, fully heated and maintained by the State—which are either completely vacant or under-utilized.

So that, 14 months ago, the Office of Policy and Management initiated campus planning studies for Mansfield, Connecticut Valley Hospital, Norwich State Hospital and Fairfield Hills Hospital in order to identify buildings that could be upgraded for a whole range of purposes that would be consistent with the treatment milieu of these campuses, of which drug treatment would be one part.

Those studies will be done within the next 60 days. And our intention—and we have been working with the General Assembly on this—is to set aside a block of funds, specifically somewhere around $15 million, that could be used to upgrade them, make sure they are up to building codes and fire codes, and then make them available to private, non-profit drug treatment programs for residential or out-patient care.

Now, there is some problem with that in that they are not particularly located in the urban areas, but it does help us to overcome a problem of community opposition.

Senator LIEBERMAN. Again, I applaud you for that. Again, if I may, I have one last question.

One of the witnesses who will testify later in the morning I know is going to point to his concern about adolescent drug problems and the lack of treatment facilities that, as I gather, are geared directly towards adolescents.

And it raises the question about whether there ought to be a single State agency that would oversee the provision of treatment for teenagers.

And I wonder if the Governor or Bill—whether you have any thoughts on that, since you will be hearing those questions raised later on in the morning.

Mr. CARBONE. Well, at Governor O'Neill's direction last year, the Office of Policy and Management did initiate a memorandum agreement between the Department of Youth Services and the Connecticut Alcohol and Drug Abuse Commission so that all services for treatment of youth are, in fact, being delivered by DCYS, which is exactly what you describe, a single State agency for children. And that makes perfect sense because you very rarely find a child with only one problem; that being a drug or alcohol problem. They typically are affected by a range of other difficulties that DCYS encounters, whether it is abuse, neglect, truancy or running away or mental illness or whatever.

So, that allows them—and all of their problems—to be treated under the context of one agency. So, we are already doing that.

And, clearly, there is a desperate need for more treatment facilities for treatment of youth as well.

Senator LIEBERMAN. I have no further questions. Again, Governor and Bill Carbone, I thank you very much for coming here. It is just the way we wanted to begin the hearing.

And we look forward to working with you. I hope we can bring back some help from Washington for what you are trying to do here in Connecticut.

Governor O'NEILL. Thank you, Senator, and again thank you for holding the hearing here. I think this does give a broad perspective view of the situation in the State of Connecticut and the State's perspective.

As your testifiers appear before you, I am sure you will get personal insights that will be very interesting and rewarding to you and the Subcommittee.

Senator LIEBERMAN. Thank you. I would like to call the second panel of witnesses: Captain Garcia, Captain Mooney, and Commissioner Meachum.

Would you come up, please? Gentlemen, I thank each of you for spending the time here. I know you are all busy and are really on the front lines of this war. Thank you for being with us today.

Each of you has filed a statement with the Subcommittee which will be part of the official record that we will turn over to the full Committee in Washington.

What I would like to do here is to begin with Captain Garcia and, in a sense, go from street level, to the State level, and then to the corrections facilities.

And if I may, I would like to try to elicit testimony along the lines of what you submitted to the committee in your prepared statement, Captain Garcia. I would ask you to identify yourself for the record, state your position and, if you would, just describe the unit of the New Haven Police Department in which you are commanding officer.

TESTIMONY OF CAPT. RAFAEL GARCIA, STREET CRIME NARCOTICS UNIT, NEW HAVEN, CT, POLICE DEPARTMENT [1]

Captain GARCIA. My full name is Capt. Rafael Garcia. I am a 17-year veteran of the New Haven Police Department. I have been commanding the street crime and narcotics unit over the past 2 years; prior to that, I was in charge of the downtown metro squad which also entails special tactical squads in neighborhoods dealing with the problem.

It consists of approximately 15 officers dealing with street crime in New Haven, dedicated officers.

Our goals are to try to suppress the narcotics activity on the street level, working in conjunction with the State and the Federal agencies.

One of the methods that we have used in the past is a State operation which is known throughout the State. Later on, I would like to show you a tape of some of that activity.

Anything else, sir?

Senator LIEBERMAN. Well, that is fine. Let me ask you, generally, if you could just describe for the record how serious you believe that the narcotics problem is here in New Haven.

Captain GARCIA. It is so serious that I get calls at night at my house wanting police services to suppress the narcotics activities.

In New Haven, we have a narcotics hotline, and we publicize this to the public, encouraging them to call in their observations and help the police department suppress the activity.

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[1] See p. 57 for Captain Garcia's prepared statement.

That hotline never stops. Sometimes you cannot even get through because it is busy. The outcry from the public is enormous.

There is not a single meeting that we attend throughout the City of New Haven with the elected officials and the community residents where people are not crying out for help. They are frustrated. Their tolerance levels are almost nil, and it shows in the neighborhoods where parents and children are being kept inside their homes; they are being held hostage by the drug dealers.

Ultimately, people, elderly people, are afraid to walk the streets, afraid of getting caught in the middle of gun battles as a result of the war.

The profit margin that illegal narcotics is affording the youths today creates a situation where they do not want to work in legitimate jobs. They turn a deaf ear toward our attempts to educate them in regards to the effects of narcotics.

There is no deterrent at the incarceration level. As was stated before, they do 10 percent of the time; that is after they have been convicted, and usually this is after seven or eight arrests. So, when an individual finally serves that 10 percent of his time, it is only after about 8 or 10 arrests.

These elements only encourage our youths to get further involved in narcotics: the money is there, the deterrents are not, the prison time is looked upon as vacation time, 2 weeks or 1 month, and they can usually get back on the street and make up any loss.

Senator LIEBERMAN. Prison time is literally—you are not joking—it is quite literally seen as vacation time?

Captain GARCIA. Definitely.

Senator LIEBERMAN. Certainly none of us think of prison as a vacation place.

Captain GARCIA. When you are making upwards of $100,000 a year through narcotics and you get sent away for 30 days, you could do it standing up; and they view it that way. It is only a matter of cost of operation for them.

Senator LIEBERMAN. Let me come back a little bit and ask you this.

I just want to ask a question of you personally, if I may, because I live in New Haven, about a statement in your prepared testimony.

If I understood you correctly, you are suggesting that if I left my house at a given moment in the day, I would have an easier time buying drugs than I would finding a place to buy a quart of milk.

Captain GARCIA. That is correct. Because of the crime problem related to drug-use and drug-dealing in New Haven, most area businesses close down at 6 or 8 o'clock at night.

I live in New Haven. I live in the Hill section and, after 8 o'clock at night, I have to go to one of the surrounding towns to buy a quart or gallon of milk for my kids.

I can step out—and everybody in the city can step out one block in any direction from their home and buy narcotics 24 hours a day, 7 days a week, 365 days a year, including holidays.

Senator LIEBERMAN. So, you are saying that, in addition to the fact that this is a 24-hour service operation, that the drug problem is citywide. It is not confined to a particular neighborhood, a particular small group of areas?

Captain GARCIA. Citywide. It is also Statewide. Fifty percent of the people who buy narcotics in New Haven are from out of town. So, it is a State problem.

Senator LIEBERMAN. Why don't you talk about that a little bit. I take it that that is based on your sting operations.

Captain GARCIA. That is correct. The stings have allowed us to monitor the type of arrests that we have conducted on the demand side as opposed to the distribution side.

The demand side, the sting goes after the consumer. And after the last 22 stings we have conducted in New Haven, more than 50 percent of the 900 or better arrests conducted are involving residents from out of town, surrounding towns like Westhaven, Hamden, Easthaven, Waterford. They continue. And I am pretty sure that Hartford has the same problem.

So, it is a State problem as well as a city problem.

Senator LIEBERMAN. Captain, what are the drugs that people are buying here in New Haven now? In other words, in terms of volume of sales—I am not looking for particular numbers—what are we talking about?

Let me ask you this. Is cocaine—

Captain GARCIA. The drug of choice right now is powdered cocaine; second, crack cocaine; heroine; marijuana. And that is about it. In New Haven, marijuana is the bottom line.

Senator LIEBERMAN. How much powder cocaine is being purchased compared to heroin? For instance, is it twice as much, 10 times as much?

Captain GARCIA. I would say at least 10 times as much.

Senator LIEBERMAN. So, it is not dramatic. The drug of choice is powder cocaine and it is being purchased 10 times as much as is heroin. I take it that that is a change over the last 5 years.

Captain GARCIA. It is a change, but we are also seeing another change, where cocaine users are also buying heroine, mixing them up and creating speedballs—that is also on the increase—which has a more dangerous effect.

Senator LIEBERMAN. Let me ask you this now. Is the distribution and sale network for drugs in New Haven organized in the sense that there is one central operation that is spreading people throughout the neighborhood or a couple of operations, or are these just a lot of individual entrepreneurs, if I could use that expression?

Captain GARCIA. There was a time several years back when you might consider that to be true, where there were several, maybe a handful of entrepreneurs controlling certain neighborhoods.

The profit margin today that illegal narcotics affords the drug dealers has created numbers of these individuals. Basically every neighborhood in this city has a controlling element, and these elements are increasing every day.

The availability of narcotics in New York makes it very easy for individuals to get into the illegal narcotics trade, create their own little empire of followers by paying good money for them looking out for police officers and protection.

Senator LIEBERMAN. So is what we have traditionally known as organized crime not involved? Or is it involved but with a lot of other independent operators out there?

Captain GARCIA. I really have not seen much organized crime involved in the narcotics trade. It is mostly independent operators who grow into group status.

Senator LIEBERMAN. If I may, just to break my own pattern of questioning, turn to you, Captain Mooney, to offer a State perspective. I know you have some sense of the distribution of drugs in Connecticut.

Would you want to respond to the last question I asked Captain Garcia?

TESTIMONY OF CAPT. JAMES MOONEY, STATEWIDE NARCOTICS TASK FORCE, STATE OF CONNECTICUT

Captain MOONEY. I think that Connecticut is a little unique in the fact that, number one, we are a small State. No. 2, we have a close proximity to New York City.

What we have found through our investigation is that the organized crime element is involved in narcotics distribution, but moreso at the New York City level.

Our people deal with the wholesaler, the middleman, after it has been brought in, cut and packaged. So, I would agree with Rafael that though they are small-time entrepreneurs who are bringing back dope, they might, in their own particular neighborhood, be the person.

But traditional organized crime in a formalized structure we do not see much of.

Senator LIEBERMAN. If I may ask both of you now, while we are on this line of questioning, to what extent is some of the violent crime associated with drugs actually battles for turf by the drug dealers?

Captain MOONEY. I think I will let Rafael start off because he is experiencing it daily.

Captain GARCIA. The violence in regard to drive-by shootings, the assaults on rival drug dealers, it does come about through the result of drug turf wars.

It all stems back from the enforcement efforts and the States and cities pushing. We are trying to curtail the amount of territory that they can deal in; this makes that territory that is left very valuable.

Because of the lack of deterrence—mainly prison space—it has become very easy for outside interest groups to come into the city and seek that quick buck. I am talking about other ethnic groups, including Colombians, Puerto Ricans, Jamaicans that come from New York, who try to take over these very profitable markets.

One territory right next to us, Church Street South, was doing over $10,000 a day, business a day, on a street corner, mostly cocaine.

Another town group sees this as nice territory: "Let's put some pressure on those people over there. Let's go shoot up the place, scare those dealers away so that we can take over."

And this is happening in virtually every neighborhood.

Senator LIEBERMAN. So, we are having a situation where different groups are coming in, primarily from New York——

Captain GARCIA. Yes.

Senator LIEBERMAN. And they tend to be specific ethnic groups, I gather, who try to take over part of the trade in different neighborhoods in New Haven.

Captain GARCIA. That is correct.

Captain MOONEY. I think that Statewide, the bulk of the shootings, direct, drug-related shootings over turfs, the bulk of those shootings are amongst locals.

That is what we are finding Statewide. We do have cases like he is talking about, where the outsiders—in New London; there is a booming little business where these youngsters buy crack down in the city for $3 or $6, they jump on Amtrak, go to New London, sell it for the day, take Amtrak and go home.

That has become a real problem for us; they are out of New York City. So, we do have a New York influence but, Statewide, we are finding a lot of inter-city neighborhood turfs.

The thing that concerns us the most at the Statewide level are some of the bigger distribution networks in our large, urban areas are starting to spread out a little bit. Cocaine distribution offered out of Bridgeport will start showing up in Ansonia and Shelton, where they will throw out a couple of rounds at the little local dealer to chase them off the street corner, to take the turf.

And they are going up into Middletown. So, it is starting to spread a little bit like that.

Senator LIEBERMAN. Do we see that around the New Haven area as well? Are there any movements out from the city to some of—

Captain MOONEY. We have suspected in some of the shootings in Middletown involved people out of New Haven trying to move up.

We did a big hit in Durham; we got about 3½ a kilos. These guys were selling it in New Haven. It is going both ways.

Senator LIEBERMAN. Captain Garcia, to bring us once again back to street level, what is the price of cocaine on the streets of New Haven today?

Captain GARCIA. Roughly, $100 a gram. That is cut cocaine.

Senator LIEBERMAN. And crack?

Captain GARCIA. Crack is $20 a hit.

Senator LIEBERMAN. And how do those prices compare to 1 year ago or 5 years ago?

Captain GARCIA. The prices are pretty well stable, which increases in purity, but the prices are about the same. The prices have decreased on the wholesale level, and I think Captain Mooney can testify to that.

Senator LIEBERMAN. That is interesting. So, the prices have actually decreased at the level that the dealers are buying. Why has that happened, Captain?

Captain MOONEY. We can look at it one of two ways. There is less demand or there is more cocaine. Everything says that there is not less demand, so it would indicate there is a lot more narcotics available.

Narcotics dealers are businessmen, like everyone else. And when people ask me how we are doing on the war on drugs, you know, how it is going, the things that we have to use are—we have to use the price and the quality of the product, availability, price and quality.

I have been at this 5½ years, in charge of the task force. When I started out, we paid as high as $60,000 for a kilo of cocaine, which is 2.2 pounds. Today, the Statewide average price is only around $23,000. We have bought it for as low as $16,000. The most common wholesale level of cocaine is an ounce.

In 1984, an ounce of cocaine in Connecticut went for $2,500. The Statewide average is down to $1,200. And in lower Fairfield County, we are copping it for $600 an ounce. So there has been a dramatic decrease in wholesale prices, but on the retail level, prices have stayed the same. Cocaine packaging has stayed the same at the gram level.

We used to get 16 to 18 percent purity in our cocaine hydrochloride at street level; today, it is around 30 to 32 percent purity. And as to heroin, the traditional street bag of heroin, what they call "the Harlem bag," was about 100 milligrams, running 5 to 7 percent; today, Statewide, we are picking up 30 milligram bags that are running an average of over 38 percent purity.

And we picked up on that because of a series of overdose deaths that we encountered.

Senator LIEBERMAN. So, we have a higher potency drug out there and obviously, from your testimony, a higher profit level. Wholesale price has gone down and retail price has stayed stable.

Captain MOONEY. Absolutely. There has been some reduction in the profit level due to the better quality product but not in direct relation; they are making more money today than they were 5 days ago.

Senator LIEBERMAN. So, just to say the obvious, greed is really driving this whole machine, isn't it?

Captain MOONEY. Money.

Captain GARCIA. Money.

Senator LIEBERMAN. Captain Garcia, on the question of money, I was really struck by your written testimony about the involvement of very young children in drug trade.

And I wonder if you could talk just a little bit about that.

At what age are kids becoming involved, how do they get involved, and what kind of money are they making?

Captain GARCIA. We are seeing them as young as 6 and 7 years old, sometimes younger.

They are being used sometimes to hold narcotics while the parents are dealing, knowing the police will not search them. That is how young the involvement is.

But, mainly, 8- and 9-year-olds are standing on street corners as lookouts, with their sole responsibility being to warn the drug dealer or the runner that the police are coming into the area so that he can hide his narcotics or leave the area.

These kids are being paid sometimes up to $500 a week just to be lookouts. Some other kids are being paid $800 to $1,000 a week to be runners, being the individual who goes up to the car, collects the money, goes to the dealer, gets the narcotics and brings it back to the car. That could go for $1,000 a week.

These kids are being influenced by the older teenagers. They are being supplied guns as status symbols. We have caught 8- and 9-year-olds with semiautomatic weapons on their persons.

The Juvenile Division is overloaded with arrests of juveniles which has increased dramatically in the last 2 years.

And it also allows the larger drug dealer to stay free.

Senator LIEBERMAN. Stay free by staying back and putting kids out on the street?

Captain GARCIA. That is correct.

Senator LIEBERMAN. I was struck in your testimony about the reaction of some family members, parents of the kids being involved.

Would you talk about that a little bit?

Captain GARCIA. It is very common for us to arrest a juvenile at any given point in the City of New Haven, where the fine is—or, the bail is $90,00 or $100,000, somewhere upwards of that, and the parents will come out and repeatedly say, "That is my rent money. That is my rent money."

The parents today are protecting these youths; not all of them, of course, but there are a lot of parents who are living off of the illegally obtained money from narcotics.

They turn the other cheek when police arrive and try to educate them as to their son's involvement.

So it is having a far-reaching effect into the family.

Senator LIEBERMAN. Let me ask you this. What technique do you find that the drug dealers are using to avoid detection by your unit?

Do they know about your unit and do they recognize your cars? Are they becoming sophisticated technologically?

Captain GARCIA. Drug dealers are better equipped and financially better off than law enforcement agencies because of the high profit margin that their product affords them.

And they are able to increase their capabilities almost on a day-to-day basis.

It is not uncommon for drug dealers to change cars once a week or rent cars on a day-to-day basis to conduct their illegal narcotics trade.

Virtually every drug dealer in the city of New Haven, their runners and their lookouts have beepers which are used for communicating back and forth and setting up narcotics deals.

Virtually every drug dealer has mobile phones in his car, two-way radios, binoculars, you name it. They have it, and they are better equipped.

And methods of transportation have included limousines, trains, airplanes. They have resources that we do not.

Senator LIEBERMAN. Let me then ask you what you are doing to fight back. In particular, if you would, describe the sting operations in which you have been involved which, I gather, have been highly successful.

Am I correct that the arrest level in New Haven is quite high compared to the rest of the State?

Captain GARCIA. I think that New Haven and Hartford are neck-and-neck on statistics for arrests; tremendously high over the last 2 years.

Some of the efforts that New Haven has taken on again are the sting operations. No. 1, the first sting operation is geared towards the narcotic user and, hopefully, to deter that user who has no—or, is not considered a hardcore addict.

I do not think we are ever going to deter that hardcore addict from getting involved. And if we can deter the individual who has come in from out of town from the middle class family whose family thinks he is an A student and Dad's favorite son and, all of a sudden, he is arrested in New Haven with Dad's car buying cocaine, we have taken that problem out of the closet and identified it.

And, hopefully, these are the people that are signing up for treatment today.

And I think that I have heard from other people in the treatment programs that there has been an increase in these types of individuals signing up for treatment. So that is having an effect.

What we do in the stings is go into the neighborhoods and replace the regular drug dealers with undercover police officers and we sell a substitute item.

Senator LIEBERMAN. Do you want to show the tape as you describe this?

Captain GARCIA. Sure. This particular tape here that you are about to see is at the corner of Washington and West Streets, not too far from here. We conducted this sting operation back on October 14, 1988. We made over 100 arrests at this particular location in an 8-hour period.

We could have made about 200 arrests, but there is a set-up time between arrests; you have to get the police officers off the street, the arresting officers off the street and get back in operation.

So there is about a minute delay, and we lost about 100 arrests in that process.

If we can get the tape going, we will be all set.

Senator LIEBERMAN. As the tape is going, why don't you just describe how you set up for a particular sting and then how it is carried out.

Captain GARCIA. What we do is we first go into the neighborhood, knock on doors and let people know in the neighborhood what our intentions are for the sting, to try to bring some relief to their neighborhood and not to create any fear. And we ask for their cooperation.

Secondly, we go after the drug dealer through a buy-bust operation which we normally conduct with the State.

And here is Washington and West Streets, for example. The guy in the green is a supervisor. A transaction just went down; we are waiting until the next one comes in so I can narrate it a little bit.

The guy in the green fatigue jacket is an undercover police officer. He is the dealer for the day. He is standing on the corner.

Normally, the narcotics are kept by the hydrant on the right-hand side of the street, which you will see later on.

This is a highly travelled intersection. What happens to the undercover agent is he is wired for sound. Video cameras are placed in an empty apartment.

A car just pulled up, and he is walking up to them. Both individuals walking up to the car are police officers. This is, in reality, what neighbors see on a day-to-day basis out of their front windows.

The fact that we are police officers doing this does not change the scenario at all when we are not there. On the contrary, that scenario is 10 times greater when we are not there.

Some people are very insistent; they go around the block 10 or 15 times to get their product.

What is happening here is police officers in uniform are placed in the hallways and alleys, out of sight, until the narcotics deal goes down.

The minute the individual asks for narcotics, the undercover officer gives a signal either by scratching his head or talking into a mike, and the arrest goes down. It takes about 1 minute to conduct the arrest and set up again.

But, in the interim, cars are going by and they have seen the police activity out there, and we are losing five or six arrests every time we are making one.

Senator LIEBERMAN. And every arrest takes how long? This whole process takes about a minute?

Captain GARCIA. Yes.

Senator LIEBERMAN. And then you clear the street and start over again?

Captain GARCIA. You can fast-forward that tape a little bit.

Some take more than a minute; it depends on--okay, here we go.

Senator LIEBERMAN. Well, actually, you still have a police car there.

Captain GARCIA. It is amazing that the desire for obtaining narcotics is so great that, sometimes, they try to purchase narcotics from uniformed police officers, with their badges displayed and squad cars out there; they are still trying to make buys.

Most of the people arrested on that particular day were from Westhaven because of the fact that that location is only a few blocks from the city line. I think the rate there was over 50 percent.

The most alarming part of these stings is when mothers come in with their infant children in car seats, trying to buy cocaine while dad is working or vice versa.

We recently, through the cooperation of the U.S. Attorney's Office and the FBI, have begun to seize the cars used by the buyers.

And the purpose of seizing the cars is not to gain anything financially but to try and send a strong and determined message out that if you come to New Haven to buy narcotics, you are subject to getting arrested and losing your car, whether it belongs to you or your wife.

Senator LIEBERMAN. Why don't you talk a little bit more about the importance of the Federal Asset Forfeiture Law to you and how you have used it?

Captain GARCIA. The Federal Forfeiture Act has been of tremendous help in New Haven.

We have seized, I think, about $250,000 in assets over the last 2 years, and that has allowed us to buy bullet-proof vests for the street crime unit members, both for search warrants and for everyday use.

Every officer you see out there has a bullet-proof vest on, and that was only made possible through the Federal Forfeiture Program by seizing the assets of the drug dealers.

We have also been able to rent vehicles for undercover operations on a day-to-day basis. We have also been able to buy equipment that would aid us in the enforcement of narcotics laws such as movie cameras, body mikes and video tape equipment.

Unfortunately, the Federal Forfeiture Asset Program ends, I think, in November or October, and that is going to limit the amount of assets that the cities were going to realize under the Federal Forfeiture Program.

I would like to see an extension of that at least until the State's Forfeiture Act really gets off its feet.

Senator LIEBERMAN. Yes. That is very relevant and of immediate concern because I know that the Federal Drug Act of 1988 did restrict this authority of the states and localities to be involved in the Federal Forfeiture Law.

And there is a bill now in the Judiciary Committee in Washington to put that back in, and it is part of the message that I want to take back.

If I may now, Captain Mooney, turn to you just to pick up on what Captain Garcia has said.

If you would just describe first the way in which the State has used the Federal Asset Forfeiture Law.

Captain MOONEY. Well, we are the leaders Statewide, obviously, in dollars and cents received.

We have used assets forfeiture initially for completion of an expansion that was ordered by our governor 2½ years ago to buy basic things: chairs, typewriters, desks, refurbish old State buildings to make office facilities.

We presently use it to do cases. See, one of our big problems has always been, with law enforcement, if the guy keeps coming back and only wants to spend $100 and buy a gram, he has got to be a cop. If you want to find out if he is a cop, push him a little bit and say, "Hey, you have got to move up and buy 2 ounces. You have got to buy 5 ounces or I am not going to deal with you."

Well, in the old days, that was it, we were cooked. Today, because of assets forfeiture, we can now start to do 2-ounce deals, pound deals and let the money ride. I give the dealer the money for 6 ounces and let him walk with the money and set him up and work my way up in the organization.

I think that that has been absolutely, positively, the most important thing that has happened to us.

The nature of our business has changed. As we told you, there is a lot more dope out there, there are a lot more people with multi-ounces, with pounds, with kilos. And we can now afford to get after them.

The other thing we have done in the Statewide narcotics task force with our assets forfeiture money is that we have funded the DARE Program, Drug Abuse Resistance Education Program, which we have taken on responsibility through our offices to train the trainers.

We train State and local policemen to go back into their communities and run DARE.

DARE is a program that teaches not just drug and substance abuse, but it teaches a lot of values: respect for authority, decision-making, how to resist peer pressure. It is conducted by uniformed policemen in the classroom, going one classroom period a week for 17 weeks.

We have done general public education where we assist State and local policemen who go out and do public speaking on drugs because we strongly believe that law enforcement has a piece of that pie, too.

So, equipment, doing cases, funding education, those are the three areas that we have spent the bulk of our assets forfeiture money in.

Senator LIEBERMAN. Captain, would you just step back a minute and describe for me the operation that you have, for the record. And then I will ask some more detailed questions.

Tell me about the Statewide Narcotics Task Force.

Captain MOONEY. That is an entity that was created by State statute back in 1977.

We come under the Department of Public Safety Division of the State Police, and we are controlled by a policy board. We are staffed by State and local policemen.

What I do is I come into a town like New Haven and I say to Captain Garcia:

> Captain, would you give me a man for a year? While the man works for me, you pay his salary and his fringes and his overtime. I will supply him with everything he needs to do his job. I will pick up civil liability for him.

The benefits work two ways. Captain Garcia gets in return expertise, monies, equipment that would not normally be available to him.

His officer comes to me—and, usually, we like to take a younger officer that has limited investigative experience. I need young people to buy narcotics and to be in certain locations that are young-people locations.

I take this young person, and I can train him to be a basic detective because when you investigate narcotics, it is the same as everything else.

I give him an expertise in the area of narcotics. I make him very strong in the areas of writing affidavits for search warrants or arrest warrants.

When he returns—and that is the key—he has got to return to make it work. When he returns to that department, he brings that knowledge and expertise back, and he now knows who he can call, what we can do for him.

I now have somebody in New Haven that I know personally I can call to work on a case.

Our policy board that kind of runs SNTF is made up of people from the Commissioner of the Department of Public Safety, the Chief State's Attorney for the State of Connecticut, the head of the Federal Drug Enforcement Administration here in the State of Connecticut, the president of the Connecticut Chiefs of Police, five local chiefs appointed by the Connecticut Chiefs of Police, one of whom has to come from a city of 100,000 or more.

Chief Sullivan from here in New Haven has been a member of my board for many years. He was there 6 years ago when I came—I am sorry; I get times mixed up sometimes—Bill Farrell, since the beginning. And he has always maintained someone on the task force.

Senator LIEBERMAN. Do I take it correctly that Captain Garcia's description of the traffic in New Haven is basically true Statewide, that the drug of choice is powdered cocaine?

Captain MOONEY. Absolutely. It stays the same. Cocaine is the drug of the eighties. It is a growth drug. It is the hot item.

Heroin is still there. We have not seen a decrease; we have seen it stay fairly stable, go up a little bit. It seems to be concentrated more in the urban areas.

Marijuana, everybody thinks marijuana went away. You know, years ago; you remember the kids with the long hair and psychedelic vans.

People do not see that anymore, so they assume that marijuana is not a problem. Marijuana is still the most commonly abused substance in the State of Connecticut, other than alcohol.

So, yes, the patterns hold Statewide.

Senator LIEBERMAN. Why do we say, then, that powdered cocaine is number one as compared to marijuana?

Captain MOONEY. Because of the potential cost. A person that is a user of cocaine, we told you he needs $100 for a gram.

To come up with the kind of money you need to support a serious cocaine habit versus coming up with the kind of money to support a marijuana habit, that is what results in social problems, white collar crime, street crime, et cetera.

Senator LIEBERMAN. Is the distribution for all of these drugs the same?

In other words, is the same guy on the street corner selling cocaine, marijuana, heroin?

Captain MOONEY. Not necessarily. Normally they specialize.

Captain Garcia and his organization and myself, we just did a major investigation here in New Haven, where we conducted a series of 10 raids around the city; that was a multi-organization. They dealt grass, hash, coke and heroin.

But, with most of them, this guy is a coke dealer and this guy is a heroin dealer.

Senator LIEBERMAN. Could you describe for us, Captain Mooney, a couple of the successful operations that have been carried out through the Statewide Narcotics Task Force?

Captain MOONEY. Our biggest mandate is to try to remove mid-level and large-scale dealers, to move up above what the local authorities can deal with.

I think probably one of the better examples would be up here in New London, Connecticut, going back about 1 year ago, not even that long.

It is not one guy like you see on TV. One guy in a red Corvette does not follow you down the street; it is five and six cars to follow one person; different vehicles moving around.

We went up and had about 16 to 18 days of that, 24 hours a day, going and going. As a result of that, we were able to get enough information to go to a judge and say, "Here are 10 separate loca-

tions that we believe are part of a distribution network where they store, they cut and they package."

We put together 124 policemen. We met up at the old Westhaven Toll Site, and they went out together and kicked doors in 10 places and made 9 to 12 arrests; I forget what the total was.

So that is the kind of thing we do. It is a long-term, large-scale, coordinated investigation.

Senator LIEBERMAN. Let me ask you this. And Captain Garcia referred to this earlier.

How big a part of this problem is prison overcrowding and the fact that, as we have heard today, a lot of people are not serving very much time because of the prison overcrowding.

Captain MOONEY. Absolutely. Positively, the breakdown in the system is at that end.

Corrections in this State is 100-plus all the time, 100-plus.

You know the New London place we just talked about? We had 12 or 18 arrests—I forgot the exact number, but we had a number of arrests.

They could not make bond. They had to be held to be presented in court the next day.

I went up to the Montville Jail, and I know the captain of the Montville Jail; he is a good friend of the State police. He had 21 people sleeping on the floor that night and could not take my prisoners.

I had to have policemen drive as far as Middletown, any local police department that had a vacant cell that could hold one of my prisoners, and I had to distribute them around the State.

And the next morning, we had to drive around the State, gather them all up and bring them in.

Senator LIEBERMAN. That is an incredible story.

Captain MOONEY. That is bad.

Senator LIEBERMAN. Captain Garcia?

Captain GARCIA. The system definitely cannot handle the amount of arrests being conducted.

I have had a situation where I could double the amount of arrests, and I have had to hold back because I have been told that the courts are in chaos.

If I could, I would do a sting a day. Unfortunately, if I did 100 arrests a day, there would not be a deterrence factor in certain neighborhoods. And most definitely, but unfortunately, the system would get really bogged down, almost to the point of a shutdown.

There is no way in the world that our detention facilities could handle 100 arrests by our unit. Our courts could not handle 100 arrests a day by our unit, and the whole system would be in chaos.

So, the overcrowding is affecting our law enforcement efforts.

Senator LIEBERMAN. That is a startling statement. You are actually arresting fewer people than you could arrest because the system, criminal justice system simply cannot handle those people.

And, if I understand you correctly, you are not even talking about long-term incarceration; you are talking about temporary detention.

Captain GARCIA. Correct. Even the mere arraignment process and the holding without bond until arraignment.

It has gotten to the point that the overcrowding in the prison system, you can see the effects all the way up to the point of arrest where bail commissioners are letting out drug dealers who have been arrested for having pounds of cocaine at a time on a promise to appear.

Individuals who have had six or seven previous failures to appear on the record for drug dealing are still getting out on promises to appear because there is no room in the jails for them.

So, like I said before, by the time that particular individual gets to do 10 percent of his time, he has already been arrested eight or nine times, has committed tons of crimes and we are back to square one.

We do not have an effective deterrent program.

Senator LIEBERMAN. Captain, let me ask you this. We saw the tape before.

How many people did you arrest the day that particular sting operation was going on?

Captain GARCIA. That particular day, we did over 100 arrests at that particular location.

Senator LIEBERMAN. And what happened to those people; did they go to jail?

Captain GARCIA. I must say that, with the sting operation, we have been very successful. When the stings were first put together, we sat down with the prosecutor's office, our attorneys for the city, and we came to an agreement that it had to be a total effort by everybody involved for the sting to work.

And what happens to the arrestees in the sting operation is, if they are first-time offenders, there are no nolles, there is a conviction; 99.9 percent of the time, they are offered rehabilitation, accelerated rehabilitation. They actually pay community fines or community service work as a first-time offender.

From then on, each case is handled individually. Some people do get sentenced for possession only because of the total package of history they have had with the system.

But, right now, we are getting about 99.9 conviction rates.

Senator LIEBERMAN. Again, this may be an obvious question, but I want to ask it.

Do both of you believe that if the system was set up so that you could be arresting as many people as possible and they were actually going through the system and being incarcerated for longer periods of time, that the drug problem would be less than it is today?

Captain MOONEY. I think that I would like to say, "Hey, there is the answer. Lock them up and it will go away." I do not believe, however, that that is the answer, Senator.

I have put almost 6 years of my life, full time, front line, into this. That is what I do for a living. I am a total believer in the fact that there is no quick fix, and it has got to be a very long-term, multi-faceted approach. We have got to start out with awareness.

There are still, to this day, communities in the State of Connecticut that will tell you, "We do not have a drug problem in our community."

We have to do awareness. We have to do education. Education has to start in the K through 5 levels and proceed right on through.

I believe we need to maintain enforcement. Enforcement, in my opinion, should be directed at the dealers as opposed to the users.

I think our court system has to say, "If you get arrested first time dealing, you are going to get 2½ years." We are making the arrests, but the courts are giving the sentences. There has to be jail space.

So, there is a price to pay for this, a reasonable price to pay for this; that is the message we need to get out.

And on the back end, we have got to greatly expand counseling, rehabilitation.

My wife and I are very involved in our community. We are involved in the church, ambulance and youth services. I get the calls at home: "Jimmy, I just found out that my 16-year-old is strung out on coke. I need help."

I cannot find an in-patient locality. I cannot find a spot in a good out-patient program right now. We have got to deal with that.

So, will incarceration help? Yes, I think it will as part of an overall package.

I did not know what the Governor was going to say today. What I wrote down here was, "Let's dig out the old military bases."

And I agree with all the things the Governor said. But in addition, if we have a dedicated facility for people with substance abuse problems, maybe in addition, we could concentrate on some treatment of the substance abuser before putting him back out on the street. I think that is another facet to that concept.

Senator LIEBERMAN. Captain Garcia, do you want to add to that?

Captain GARCIA. I think he said it all. I would just be redundant.

Senator LIEBERMAN. Commissioner Meachum, now it is all up to you.

And the truth is that you end up with a lot of what we are talking about here.

The Governor did describe the overcrowding problem. I wonder if you would want to just begin by talking a little bit about how you see that problem.

TESTIMONY OF LARRY R. MEACHUM, COMMISSIONER, DEPARTMENT OF CORRECTION, STATE OF CONNECTICUT [1]

Commissioner MEACHUM. When I arrived in October of 1987, I had not seen the crowding that was in the system as part of the interview process as a candidate.

I had visited Somers and had seen some double-celling and double-bunking.

So I was not quite prepared for some of the crowding conditions that I was exposed to when I went to the jails because that is where the crowding was; pre-trial people, the accused population.

And since Connecticut has an integrated system, it has jails and institutions under its jurisdiction, and the primary problem is crowding within those jails.

I went to Litchfield; I saw people sleeping on tables; I saw people sleeping in stairwells; I saw them sleeping under the stairwells; I saw them sleeping around the stairwells; I saw the dining facilities

[1] See p. 66 for Mr. Meachum's prepared statement.

being used at night for sleeping, and then people having to take up their mattresses off of the floor during the day so that they could feed.

That was somewhat surprising to me. I had never seen crowding like that in my entire career.

I went to Montville—that was mentioned here previously—and there were people that were sleeping not only on the floor in the bullpens, but we had people sleeping out in the corridors, where the officers have to work and try to maintain supervision at night and to do counts.

And for people to sleep, it has to be fairly dark in there. So the officers were walking amongst the inmates under those conditions, which was not very good for security.

Now that was surprising to me. And I thought at first that we ought to do something about that.

In the meantime, we have had almost a doubling of the Department's responsibilities in terms of numbers.

So, I started with the conditions that were in the jails. We have now moved crowding into all of the institutions so that there is not an institution in the State of Connecticut that has not now doubled.

And we have expanded those kinds of conditions in many of our institutions.

We do not have any people sleeping on the floors in the institutions, but we still have people sleeping on the floors and in corridors and on tables in the jails.

Senator LIEBERMAN. The number of people that you have now is approximately 8,000, is that right?

Commissioner MEACHUM. Almost 8,600.

Senator LIEBERMAN. And what are our projections for 5 years from now, 10 years from now?

We saw some pretty startling information that was given to Senator Spector of Pennsylvania by the Bureau of Prisons that had us up over 20,000 in the next decade.

Is that feasible?

Commissioner MEACHUM. Well, it is less than the next decade, Senator, because we are predicting that, if we continue to grow at the current rate—unfortunately, sophisticated methodology computing projections has not proven valid.

If you look at the number of people in the higher age group and you look at the average sentences and the types of crimes that are coming in and you put it on the computer, what you are able to project—the most simple projection has been straight-line extrapolation, and that has proven to be the most solid of late.

But it would appear——

Senator LIEBERMAN. Where would that take us?

Commissioner MEACHUM. By 1992, just 1992, 3 years from now, we will be at 22,000 people.

Senator LIEBERMAN. That is startling. Where are we going to put them?

Commissioner MEACHUM. Well, we have already added 5,000 beds, as Mr. Carbone said, since 1980. We have about 6,200 beds on the drawing board.

And it appears that, for the foreseeable future, the problems, such as the community release programs—that are releasing some offenders after they have served only 10 percent of their time—will escalate to absorb the difference.

Senator LIEBERMAN. Okay. I see. As I understand it, these numbers are based on the fact that people are eligible for release after they serve 10 percent of their time.

Commissioner MEACHUM. Well, not everyone. I think that sometimes that is a misnomer because capital felonists cannot go out—class A felons cannot go out—assault one, robbery one, sexual assault one—they cannot go into the community.

The people who have pretrial charges, those that are accused—now, those that are accused plus those that are sentenced and have outstanding charges, that makes up 48 percent of my population.

Of the excluded categories that the Governor or Legislature will not allow to go out, that is 21.4 percent of my population.

So, about 65 to 75 percent of our population cannot be released on supervised release at any given point in time. That leaves 30 to 35 percent that can go out.

The crimes of many that are left are drug-related; the sale of hallucinogenic narcotic substances, 12.7 percent, which is our No. 1 offense. On December the 31st, possession of narcotics was number two.

Now, it used to be that robbery one was leading the pack; it is now down to number three.

Of the 16 crimes that give me all of the defendants that I have, in excess of 1 percent of my total population—there are only 16 crimes giving me all of my offenders above 1 percent.

Four of those crimes are excluded for that 21.4 percent. Then that means that 72.1 percent of all of my offenders are in that 1 percent and above: Failure to appear, larceny second, larceny sixth degree, manslaughter one, larceny first degree, failure to appear, violation of parole, burglary.

I do not have to tell you that many of those charges are also drug-related.

So, whenever Governor O'Neill said that police estimate that 80 percent are drug-related, the Hartford Police say 90 percent are drug-related; that is what they are talking about. And those are the ones that we are releasing.

Senator LIEBERMAN. So, the irony here is that, as you exclude the allegedly more dangerous people from the possibility of early supervised home release, you are left with a lot of drug-related people, because the drug dealer is not thought to be as dangerous to release as, for instance, somebody who is in on a capital felony.

Commissioner MEACHUM. Forty-eight percent are unsentenced or have charges; that means we are holding the accused to let the guilty go, and that the rest of the people are the ones that are drug-related.

Senator LIEBERMAN. It is worth repeating: We are holding the accused to let the guilty go.

Commissioner MEACHUM. Yes.

Senator LIEBERMAN. What is the answer to that?

Commissioner MEACHUM. There is a bill before the Legislature that would allow us to be able to release some of the people that

are class D felons or misdemeanors so that we can keep the space for those that are more serious and those that are repeaters.

Senator LIEBERMAN. What about the extent of treatment that is offered to people incarcerated for drug-related crimes; that is to say, drug treatment at a prison facility?

Commissioner MEACHUM. We have a great deal of drug treatment in the facilities. I suppose that in addition to talking about our problems, we ought to talk about what we are doing right. I think we are doing some things that are very good.

We have something that we call Project Fire that deals with the drug and alcohol problems in the institutions, and it follows them into the communities to provide support services.

Most services are available in every institution all across the State and through our community services.

A lot of communities get involved in this problem. It includes things like Narcotics Anonymous. It has individual counseling, group counseling, AA, and then it has support services for people going out.

We also test for drugs in urine for people who are in institutions and those who are in the community.

Part of the problem with this is that, since these are the people that we are releasing, we frequently jerk them out of a program because we need their beds because we cut their stay short.

And the integrity of the system is compromised by the problems that we have talked about.

Senator LIEBERMAN. So, you are talking about people who have been let go early from incarceration, and, as a result, have not completed the treatment program.

Commissioner MEACHUM. Now, we will try to pick them up in the community, in our Community Corrections Division, because we have a component out in the community.

But that is very different, and you have fewer controls out there than you do inside of the institutions. And you also have a much greater availability because, as they say, you can get drugs easier than a quart of milk.

Senator LIEBERMAN. What about the Governor's proposal this morning, Commissioner, to use unused or under-utilized Federal facilities for incarceration; how do you feel about it?

Commissioner MEACHUM. Well, I do not think that we can look at incarceration as the only answer to this. But I think we are making a mockery out of this entire process if we tell a person he or she is going to get five years, and he or she ends up going out after 10 percent. If we are not going to make that kind of a mockery out of it, then we have to provide the beds to deliver on the promise. We should not say it if we are not going to do it. And if we are going to say it, then we have to deliver.

I think the only way we can do that, even after the 6,000 beds that we are going to build, in addition to the 5,000 we have already done, is for us to receive some help from the Federal Government.

And we view this as a national problem.

Senator LIEBERMAN. The help meaning space?

Commissioner MEACHUM. The help is space, and it is also in all the other areas, like education, treatment, and dealing with the courts.

Senator LIEBERMAN. Unfortunately, we probably should terminate this at this time. You have an interesting perspective on the boot camp idea that has been popular lately, and I know you had some experience with it in Oklahoma, where you came from.

Why don't you talk to us a little bit about that. There is a proposal to use the boot camps, particularly for the first-time offenders and drug-users.

What is your opinion or attitude toward this?

Commissioner MEACHUM. Well, I seem to be the single naysayer in the country right now, and I started the first program. When they want to find an administrator, corrections administrator, who is willing to say anything negative about it, they call me.

So, I am becoming almost the spokesperson, and we are probably going to do one here in Connecticut even after I have said everything that I am going to say.

Senator LIEBERMAN. Under your auspices?

Commissioner MEACHUM. Under my auspices, yes. I started the first one. And it is looking like we will. There is certainly some serious thought being given to that in the legislature.

I am just impressed with the fact that, in the name of good, sometimes we do evil. And sometimes in the name of good, we do not consider all the consequences of everything we do.

With every problem I have, there is a form of solution. And, therefore, I know everything we do to fix this world is going to be the basis for future problems.

I think about the Crusades and all the things they were trying to do there, what they thought they were doing. And, in fact—and history judges the goodness and badness of an issue. And we look back at that time and say, "In the name of good, we did some evil."

And we find the same thing in the Inquisition. You know, I do not have to tell you that, in the Holocaust, the people in Germany defended what they were doing in the name of right and right wing thinking and nationalism.

In Viet Nam, we told our soldiers that they were doing good, and then we came back later and said, "No, we weren't doing good." And we left a group of angry and hostile people.

I think the boot camp program could end up being one of those.

I think when the new round of Federal court intervention comes in the future, when we see what has happened through this period of time, that we will look at the program like this and say, "It did not deliver on a promise."

There has been absolutely no documentation, no research, that has supported the effectiveness of these types of programs. And, in fact, it tends to lean in the direction of even higher recidivism for these types of programs.

Senator LIEBERMAN. I have been following the discussion of the boot camp in Mississippi, where they claim that they have a very low rate of return.

Commissioner MEACHUM. No program so far has withstood the test of a valid research model.

AFT Associates in Cambridge, MA, have been doing a paper on this and has been studying boot camps across the country. A man named Dale Parent is the one that is doing this paper, and it is about ready for publication. I have already read the paper.

There is just no indication at all that there really is a lower recidivism rate.

One of the people here talked about a short time in prison, that 10 percent is only a vacation. These programs like boot camp are based on 90 days.

If our 10 percent equals about that and they are calling that a vacation, and you are talking about what it takes to break the connection in the drug culture on the street, a 90-day break in that drug culture is not a great deal.

And they are not set up as rehabilitation models; they are set up as punishment models.

Senator LIEBERMAN. But my understanding is that one of the theories of boot camps is that they are designed so nobody can go in and come out of them feeling that they were on vacation. They are going to be worked very hard and, as a result, will not want to go back to them.

Commissioner MEACHUM. And that is a false pretense to some extent because the people that go out—if they should come back—will never come back to what they left; they know that.

The inmates are very street smart; they are also very prison smart. They are given an experience that is a once-in-a-lifetime experience that they will not be going back to; they will be going back to an easier correction and prison experience, in fact.

That will probably bode bad for the future in the sense that now we have got to give them a correctional experience that will be like the one that they left so that they will not feel like there is nothing to go back to. So you get an escalation.

This program is designed for escalation and upping the ante of punishment.

Senator LIEBERMAN. I wish we could go on. We have got two other very outstanding panels of witnesses that I do want to get to.

And I thank each of you—Captain Garcia, Captain Mooney, and Commissioner Meachum—not only for being here today, but for what you do every day to try to protect the rest of us.

Thank you very much.

Senator LIEBERMAN. I would ask the next panel to come forward: Miguel Laguna, Jerry Bryant, and Dr. Len Kenówitz.

Thank you all for coming. Let me just say again to those who are in the room who were not here at the outset that I thank all of you for being present.

This is a field hearing being held as part of my work on the Governmental Affairs Committee of the U.S. Senate. This is an oversight committee, that is, it oversees how our government programs are working and examines what we can do to make them work better.

This particular Subcommittee focuses on the relationship between State, Federal, and local programs. And, of course, the drug area is an area which has a lot of interaction between those different levels of government.

So, our mission here is to bring back a record. Everything that is being said here will be transcribed. We are going to bring back a record, and it is going to be used to make recommendations to the new Drug Czar in Washington, William Bennett, hopefully to assist him in improving the war on drugs.

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Let me just suggest that we do this panel a little bit differently, if I may.

I am just going to ask the three of you first to identify yourselves and just say a little bit about the program that you are involved in, and then we will come back later for some questions.

Jerry, would you please start?

TESTIMONY OF JERALDINE BRYANT, CLINICAL DIRECTOR, ORCHARD STREET METHADONE CLINIC, API FOUNDATION NEW HAVEN, CT [1]

Ms. BRYANT. Thank you, Senator. First, I would like to thank you for giving me the opportunity to come and speak to you before this panel about the problem of substance abuse and to shed some light about some of the treatment efforts that are going on in New Haven.

My name is Jeraldine Bryant. I am the Clinical Director of the Orchard Street Methadone Clinic, which is a facility of the APT Foundation in New Haven, CT.

It is specifically a methadone maintenance program, one of the largest treatment modalities in this city.

We currently treat what we term the "hardcore addict" who is addicted to heroin. Currently, there are 280 people in that one treatment modality. In the city of New Haven, there are approximately 600 people who are maintained on methadone maintenance programs.

Under the auspices of the ADT Foundation, however, there are many types of modalities of treatment, including adolescent residentiality. Also, we have attracted some cocaine and alcohol users as well as out-patients with no chemical substances involved. So we are trying to address the problem on a large scale.

However, methadone maintenance seems to be the treatment of choice, along with cocaine treatment, at this current time.

Senator LIEBERMAN. Dr. Kenowitz.

TESTIMONY OF LEONARD A. KENOWITZ, PH.D., EXECUTIVE DIRECTOR, VITAM CENTER, INC., NORWALK, CT [2]

Dr. KENOWITZ. My name is Len Kenowitz. I am the Executive Director of VITAM Center. VITAM Center is a 20-year-old agency located in Norwalk, CT, that serves exclusively teenagers, ages 12 to 18 years old, with an average age of admission in our residential program, which is an 80-bed residential program, of 15 years old upon placement.

Thank you, Senator.

Senator LIEBERMAN. Mr. Laguna.

TESTIMONY OF MIGUEL LAGUNA, EXECUTIVE DIRECTOR, CROSSROADS, INC., NEW HAVEN, CT [3]

Mr. LAGUNA. My name is Miguel Laguna. I am the executive director of Crossroads, Inc.

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[1] See p. 75 for Ms. Bryant's prepared statement.
[2] See p. 79 for Dr. Kenowitz's prepared statement.
[3] See p. 84 for Mr. Laguna's prepared statement.

Crossroads was founded in 1971. It opened its doors for treatment and was funded for treatment in 1973.

We first opened up our program with 45 treatment beds, and it was primarily to meet the needs of the Hispanic addicted population in the State of Connecticut.

Today we have 68 beds; we deal with all ethnic backgrounds. And we are now, hopefully, in the process of moving our facility out of the YWCA, which is a process that has taken us about a year and a half and we still are not there.

Thank you.

Senator LIEBERMAN. OK. Let me ask you a big question first. Maybe I should save it for last, but I want to ask it first.

In your work, which is different from that of the police officers and the correction commissioner we just heard, you are really on the front lines of this so-called war.

Do you feel in your work that we are making progress?

Ms. BRYANT. I have some different feelings about that. I was sitting here during the testimony of Captain Garcia, and I was thinking that the stings have, yes, identified numbers of those people who are using drugs. And the criminal justice system tends to think that may be a deterrent but I question whether arrests alone will deter drug use.

When they come to us, we see them from a different angle in the sense that they are seeking treatment, and usually to no avail because the treatment is not there.

So, I see that these individuals are caught in a catch 22 kind of situation.

They are not in jail because the jails are overcrowded, and they cannot come for treatment because the treatment is not there.

Senator LIEBERMAN. The treatment is not there because there is not room?

Ms. BRYANT. Because of two things: we do not have adequate funding, to provide adequate treatment for the numbers of people who tend to need it or desire to come into treatment. And if we did, we would not have the places, also, to house the facilities because no one wants treatment programs in their neighborhoods.

Senator LIEBERMAN. Let me give someone else an opportunity to answer that question, though I do want to get back to a couple of points you raised.

Dr. KENOWITZ. On an individual basis, we see miracles every day.

I deal with young people giving up drugs, and that is always encouraging. On a Statewide basis, a national basis, a citywide basis, it is discouraging when you look at numbers and statistics.

But if you spend your day watching individual people go through the rehabilitation process, then we are winning some of it.

Senator LIEBERMAN. Mr. Laguna.

Mr. LAGUNA. Treatment works. I think that there have been a number of people that have gone to programs such as Crossroads and similar programs that have had the opportunity to get off—complete the programs, get off drugs and remain drug-free.

But the beds that are available for people who are looking for treatment are just not there.

For example, one of the most serious problems we have is the women's program. We have 10 beds that are geared directly to deal

with the problems that women have in treatment, a program offering women the opportunity to come in with their children and also learn some parenting skills along with their treatment.

Senator LIEBERMAN. That is really the problem you are talking about; it is women with children. Correct?

Mr. LAGUNA. Yes. It is a very serious problem. Women resist treatment for that reason, and they do not want to leave their children.

And I know that drugs do have an overwhelming power over people to the extent that they become negligent parents or, in many cases, abusive.

But once the addiction is removed, those parents, along with learning some skills or relearning some skills, become devoted parents.

The problem is the addiction to drugs, and that is the only reason why a parent or, namely, a mother is willing to take the chance and leave her child in a place where it might live in a place that is not safe for the children or maybe leave the children alone, because of the power that the addiction has over the person.

Senator LIEBERMAN. Let me ask another big, complicated question about what we should be doing as a society.

How does the typical drug addict start? What happens to get a person down the road to drug addiction?

Ms. BRYANT. In my opinion, there are many reasons why people use drugs, but I think one of the primary reasons is because of social pressures and peer pressure.

When we had the break, I was talking to someone outside, who said they do believe, truly, that marijuana, in some sense, is a precursor to going on to the harder kinds of drugs.

In some of the intakes that we have done and we ask, "Why is it that you started to use drugs?" or "How did you start?", someone will say, "Well, because I was with this group of people who thought this was a cool thing to do, so I began to do it also."

One of the myths, I think, is that some people tend to think that addicts know they are going to get hooked or they plan to get hooked or they want to get hooked.

Nobody wants to become addicted. Everybody thinks that they are smarter than that, that they are not going to do it regularly, it is just going to be a recreational thing and they can stop whenever they get ready to.

And they wake up one morning or one night and find out that that is not true.

Senator LIEBERMAN. If the two of you also have comments, I would like to hear them.

Dr. KENOWITZ. Since we deal exclusively with young adolescents and children, there are two major reasons; one is peer pressure, and simply the adolescent years. The young, adolescent years are very difficult and, by joining a group and having acceptance, it is one of the pressure points to get started on drugs.

The second is—you know, when you asked that question about the war on drugs, I also want to tell you that if you are an upper class person in the State of Connecticut, upper middle class, you have an insurance policy that will cover psychiatric in-patient or you have some money, you can get into a bed tomorrow, tonight

even, and get all the adequate high-priced treatment that you want.

Like, we are funded by the State on a per diem that costs about $65 a day. Around the corner at a local hospital, you are looking at $900 a day for the same kid.

So, I think when you talk about the war on drugs, you have got to separate out the inner city, impoverished, lower and lower middle class individuals from the upper class.

Senator LIEBERMAN. So, just to stress it, there are treatment facilities available for those who have a money to pay for them.

Dr. KENOWITZ. Absolutely. If your kids got into trouble, you would find out not because you are a Senator but because you can pay for a bed tonight.

If you were from the inner city side—I am talking about adolescents now—that is the only area I feel comfortable commenting on. If you are from the inner side of Norwalk, Stamford, Hartford, Bridgeport, New Haven, it would take you months and months to be able to find a bed space.

Mr. LAGUNA. I think that young people today probably have a much tougher time going through their early years than it used to be, although drug addiction is not a new thing.

But I think that, you know, today's fast-moving society and the way things go today give a lot of people a lot of hopelessness, especially when you look at the housing projects not only in New Haven, but you look into the Statewide situation with how people survive in these housing projects.

They become warehouses for those who are poor, and they are never able to climb out of that.

I think we have to look at a different way of providing housing for people as opposed to just bunching them up.

I think people lose hope living under those conditions and in losing hope, you start to do what it is that seems to be what you are supposed to do.

And I guess the bottom line is that, when a person has no hope, he is supposed to use drugs; that is a good excuse and a good way of conducting your life.

And those are the situations that bring about drug addiction and hopelessness.

Unfortunately, this malady is not limited to those who live in housing projects. It is just difficult to live. And when you cannot keep up with it, it is hard to face the realities.

I think that a lot of people who choose drugs are people who are having trouble coping with life, and drugs are a way out and a very convenient and easy way out.

Senator LIEBERMAN. Obviously, this is so perplexing because we are talking about human emotions, human motivations. How do you get inside someone's head at a time when they are losing hope and try to influence them not to turn to drugs, but to something else that is more positive, and healthier.

I say that because I am always aware of the fact that there is only so much government can do to prevent the drug problem.

A certain amount of it has to come from within people, their families, religion, and whatever else they turn to for that kind of encouragement.

But what about the array of government services. Based on your experience of dealing with people who are addicted, how important is the law, how important is the threat of incarceration, of punishment? How important is drug education at the school level?

Ms. Bryant.

Ms. BRYANT. I think the community as a whole has to take a part in the whole drug problem. If we are going to have a war—I mean a real war on drugs, then everybody is going to have to do something about the problem. No matter how small a part one plays, it is an important part.

I was also listening to the testimony of Captain Garcia. He was right on the monetary profit issue. He has a lot of knowledge about what is happening in the streets.

We have to educate the parents. We must get them to understand what kind of symptoms and signs to look for at the initial beginning of a problem before it becomes really a problem and have them not continue to turn their heads and ignore and deny that something is going on with their children.

I think the leaders of our communities, our ministers and our politicians must take an active lead in getting this war going and moving in our city and in the entire State.

If we do not have that kind of cooperative effort—the Federal Government, the police department—and no one else can do it. We will not have a real war on drugs.

I think we have to bind together as a community resource and put our heads together and come up with a solution to save our children.

I am afraid that we are losing two generations to not only drugs but to various diseases. There is no way you can talk about substance abuse—particularly IV drug abuse—without talking about the deadly disease of AIDS.

And, so, we need to bind together as a whole, treatment, law enforcement, ministry, politicians, everybody, and attack this problem which is facing our nation.

Dr. KENOWITZ. I think the drug problem, at least for kids—I mean, I cannot understand why a Drug Czar was created, more tens of millions of Federal bureaucracy dollars, when there is DEA, Immigration, Tobacco and Firearms.

I mean, why spend tens of millions of dollars? That office is going to make no impact whatsoever on the communities here in Connecticut, and it is going to be another kind of political response—pardon me, Senator, I know that is your business, but it is going to be another political response, and it is going to make absolutely no difference.

I think that the issue, as my colleagues said, is a local one. And if you cannot provide people with a decent place to live and a decent job and some of the basics of American life, then drugs is a very, very suitable alternative to that.

And if we are going to make a concentrated efforts towards this, I would dare say that we ought to look at the economic indicators that play more of an important role to me than the coordination of a national office in Washington.

Senator LIEBERMAN. You may well be right on your basic point.

Let me just say that I was not there last year, as you know, but I think the goal that they had in creating the so-called Drug Czar was actually not to create another big bureaucracy, because he does not receive much money directly. The goal was to see if he could come in and take all these 15, 16, or 20 different Federal agencies that are supposed to be dealing with drugs and make them work.

Dr. KENOWITZ. And they are going to willingly give up this turfdom area to this new Cabinet level or Drug Czar?

Senator LIEBERMAN. In fact, he has some authority to move them around. But they are not willingly going to give it up, and that is one of his great challenges.

I mean, the truth is that he does not have the strength today that a lot of people believe he has.

Dr. KENOWITZ. I think people in our business will see the local funds, our State funds, are drying up for treatment and that the education money is small and, yet, there is another multi-million-dollar expense on the Federal level.

And that really ticks people off.

Senator LIEBERMAN. Mr. Laguna.

Mr. LAGUNA. The system that we have now, you know, drugs are really affecting the Department of Corrections in this State and I am sure throughout the country. And we can see that if you look at those charts.

Jailing people is not going to solve the problem. Unfortunately, we still have to jail them; we have to face that. We cannot close up the jails.

But there are a number of different reasons why some people—some people ask the question, "What causes a person to become a drug addict?" That is where we started with the questions.

And nobody has that answer. There are a number of different theories that talk about it, and some of them make a lot of sense.

But nobody can say that everybody uses drugs for that particular reason.

Right now, we have the disease concept; we have also the idea that people inherit this through their genes, and there is a family history of alcohol and drug abuse. And there are a lot of people that believe in that.

But I think that more research has to be done in that area.

Up until this point—and I have probably close to 40 years of being involved with drugs on all levels, and I still have not found any reason why I should not make this statement.

That is that the only person that is going to stop using drugs, whether he goes to jail, whether he goes to a drug treatment program, is the person that has a strong desire to stop using drugs.

We can beat ourselves on the chest and take credit for changing people, but we do not do that. The only service that we provide is a drug treatment program to help the people who have made that sincere decision in their life to stop using drugs, try to retrain them and try to give them some skills so that they know what to expect when they go out there.

We know that they are going to have to confront the situation again and what they are going to do when the situation appears again; not if it appears, but when it appears.

Senator LIEBERMAN. What is it that makes those people make that decision?

Mr. LAGUNA. Well, I think that deep down—and I could basically repeat what was said on this panel. It is my belief that every single addict wants to stop using drugs and just cannot do it, just does not know how to do it; he is caught up in this web and is so deeply, deeply involved in this problem that he just does not seem to be able to climb out of the addiction.

Programs do that. I mean, not specifically one type of treatment program, but all types of treatment programs. All programs are going to have that type of success rate because we are trying to get the people—you know, people come to treatment and get into a program sometimes for different reasons.

And maybe they have not reached the point in their lives where even though they want to get off drugs, they have not been motivated strongly enough. Maybe motivation is a factor that we have to look into, what makes somebody motivated.

And I know that jail is a motivator; people just do not want to go to jail. So, if someone told me—not to really get out of what this panel is all about, but there are three people living in a cell that was built for one down at the Union Avenue Police Station.

And the way they put the third person in is that they have a portable cot which, when they put it in, it is squeezed partly under one of the cots and on one side is the bed where the other person sleeps and on the other side is the toilet bowl.

I would hate to be the person sleeping on that cot in the middle of the night if somebody has to go to the bathroom.

But those are the conditions, and that is an inhuman way of dealing with people.

Well, that is not even strong enough to deter people because they will be right back in those conditions in many cases weeks after they get out, months after they get out.

And, you know, those conditions should straighten anybody out, you would think.

Senator LIEBERMAN. Let me come back to what each of you said earlier, which was that though this is a monstrous problem, you are each seeing some successes. Did you say "miracles"?

Dr. KENOWITZ. Yes.

Senator LIEBERMAN. That is every day; human miracles. I have a specific question, Ms. Bryant, for you at the beginning.

I know that methadone is a substitute for heroin. I am interested in what we heard this morning about powdered cocaine being the drug of choice.

Are there any substitutes for cocaine or crack? Is work being done on that? How do you deal with——

Ms. BRYANT. There is a lot of research, Senator, that is going on with some types of drugs to see if there is going to be one of those miracle drugs that, like methadone, will curtail the craving for cocaine. Methadone is really a miracle drug for the heroin addict. It does what it says it does; it prohibits one from having any feelings of getting high after taking the drug if addicts continue to try to use heroin or other narcotics. It is a blockade, and it keeps one from being physiologically ill and going through withdrawal.

The drug Disipimine tends to have some properties that looks like it may be successful in acting like a methadone type drug for the cocaine addict.

A lot of research is going on at Yale using that drug with human subjects at this time.

We are seeing a lot of cocaine abuse in New Haven specifically, but I want to caution people to not think that people who use drugs use only one kind of drug; they tend to use a combination of things.

Those people who use cocaine—which, as you know, is a central nervous system stimulant and make individuals very hyperactive they often use some other kind of drug in order to come down from that high.

And then there is the speedball effect where one uses heroin and cocaine combined.

I would like to say that heroin is not on the decline, as some may tend to believe, because, if that was true, we would not have a waiting list for individuals trying to get into methadone treatment. But heroin use is stabilizing

Senator LIEBERMAN. It is also being used widely and not focused in any particular group of the population?

Ms. BRYANT. Substance abuse as a whole does not single out any population of people to attack or to get its grips on.

All socioeconomic groups, all races of people, are affected by this problem.

But one of the things that I am seeing in my program, which is astonishing, which has changed in the last 5½ years, has been that the majority of those that are in treatment and seeking treatment are from the white middle class, as opposed to the sixties, when the majority were inner-city blacks from the lower socio-economic group.

Senator LIEBERMAN. Does each of you have waiting lists at your programs?

Mr. LAGUNA. Yes.

Dr. KENOWITZ. Yes.

Ms. BRYANT. Yes.

Senator LIEBERMAN. I assumed that that would be the answer.

I want to ask each of you to talk a little bit about why that is.

In other words, is it the difficulty in siting, finding a location? Is it the lack of public money to allow you to put the beds up if you find the site, or is it a combination of all those things?

Ms. BRYANT. I think it is twofold for us, Senator. If you know that, in the 1970's we were receiving $1,800 per slot, here we are in the year 1989 and we are receiving $1,900 per slot. That is only a $100 increase in, say, over 10 years.

So, we do not have enough funding for fully-funded slots, that meaning, as my colleague has stated, that the indigent poor person who is not employed, who has no skills, cannot get into treatment, particularly when programs have to have treatment fees in order to stay afloat.

Now, you ask a person who is using drugs to come up with $150 up front, which is the admission fee to come into treatment, plus to pay a weekly fee; there is just no way that person can afford it because the first priority is to satisfy their addiction.

And if you cannot afford to pay or are not on welfare you do not come into treatment.

Senator LIEBERMAN. How long are the waiting lists?

Ms. BRYANT. Anywhere from 2 to 4 months. For cocaine, we have 200 people waiting to get in for treatment; 200 are on the waiting list.

Senator LIEBERMAN. I assume that some people fall away during that period of time.

Ms. BRYANT. They do, particularly minorities, of which I am one.

And I am truly concerned about that and the fact that a survey that I did in the middle of last summer, to find out why minorities were not coming into treatment, the number one deterrent as they saw it was the waiting list.

I tend to think that people come into treatment when in a crisis situation and they want it right away, right then and there; they are very impulsive people.

And if you tell them, "You have got to wait 3 months," they say, "The heck with it." And they do not show up again. But that was the number one deterrent, having the waiting list there.

Dr. KENOWITZ. I would agree. The issue for me, as the director of an agency, is whether to take the dollars that I get—I think they are insufficient also—and apply them to a smaller number of kids and try to do a better job or to spread the dollars out and do a lousy job. So, that is always what happens each year when you are under-funded.

The other thing is that, when you conceptualize waiting lists, at least for adolescents, you have to realize that there is a process to go through.

So if I am a poor parent in particular and I have a young person and I know they are getting into trouble with drugs and I contact my local regional office and I work through that process, you know, I am looking at a 4-month placement time.

And you are right again. Parents want—if you can get a kid to agree even; they are a little different from adults; there is too much time in between.

And during that time, they are getting high again, they are getting arrested, they are dropping out of school and simply compounding the problem.

Mr. LAGUNA. At Crossroads, we are experiencing waiting lists for the main house, though it has been manageable for the first time in 2 years. It is starting to look like people will get in almost at the time of application.

Our serious problem is with the women's programs. We have 10 beds for females.

Right now—well, not right now but, as of last Friday, when we counted up the women that were waiting, there were 21 women on that list.

Now, that does not sound like a lot, but it is because when you are looking at a 6-month minimum program, and you have 21 women on that, that 21st woman is going to have to wait a year.

But the waiting lists, in reality, are not real; the people do not wait a year for treatment. You know, it is a way of measuring what the need for the expansion of the beds is because I do not expect when that year is up to call that 21st woman and expect her

to say, "Boy, I have been waiting a year. Thanks. I am finally going into the program."

Senator LIEBERMAN. So, where do you guess she will be at the end of that year?

Mr. LAGUNA. Well, she could be in jail. She could be possibly in another program, or she could be dead. And there are probably a number of other things that might occur in between there.

It is difficult to have to deal that way because there are a number of people—you do find people where you have the feeling from their first contact with the program that they really need to get into a program, and you know that if you tell them they are on the waiting list, the moment they turn around and walk out that door, you just have that strong feeling that you are never going to see that individual again, in spite of how much of a need that person has.

So, the lack of space in programs is a serious one. And I would also like to comment on siting.

I have explained a little bit of the difficulties that Crossroads has had and, hopefully, we are over our hump and we are on our way to moving to this new facility.

However, there has been a program in New Haven called the South-central Rehab Center which has been walking around for probably more than 2 years with the money, the funds in place, to open up a detox program. And because they have not been able to find a site and because no community will allow them to come in, they have not been able to offer services to the community.

New Haven is a place that—I can talk about the problems in New Haven. I am sure that, if I were living in Hartford, I would be saying the very same thing.

The programs cannot make—it does not seem that we are able to break that barrier. Something on a different level has to be done somehow.

There has to be, at some point, somebody to say, "Find an adequate place" so that when persons—programs have the money to operate, naturally they would be a little bit sensitive to exact areas.

You do not really want to say, "Well, I have got a place and since we have the law in our favor, now we can open up anywhere we want. Let's open up across the street from a school."

Well, there are other places like that where it is not really wise to do. But as long as they are able to identify a place and a site to open up a program, they should be allowed to do it without it having to go through the city because, for one thing, the city's track record on treatment is poor; they have not been able to back up the programs that need siting and other problems like that.

Senator LIEBERMAN. So, you are actually talking about some special zoning law comparable to what I believe exists for location of facilities like group homes for the mentally retarded.

What is the best thing that the Federal Government could do to help your programs? Is it just the obvious, which is more money?

Ms. BRYANT. Well, everything costs money, Senator, but I think the focus needs to be on broader education about the whole problem of substance abuse and making the community aware.

And it would take money to do that, to set up viable kinds of training for community-wide organizations so that they can learn about the problems associated with substance abuse.

I was speaking with one of the panelists that is going to come next, and he said, "You know, what we need is training. We need to know how to work with the substance abuser."

And I think that the Federal Government ought to put some money into training facilities for that kind of a resource.

Senator LIEBERMAN. How much of your program is now funded by the Federal Government?

Ms. BRYANT. I am not sure of that. But our funding comes through CADAC, Connecticut Alcohol and Drug Abuse Commission.

Dr. KENOWITZ. I would like to see the Federal Government play an educational role, Senator, and a role in the ancillary things that treatment centers actually do not do; that is, a place to live after their treatment; that is, maybe job training after treatment; you know, those types of alternatives, not, per se, get involved in—you know, I think there are some State and local responsibilities for treatment, but I would like to see them handle the bigger issues of housing and job training, these alternatives to getting high that kids need to have.

Senator LIEBERMAN. Are you receiving Federal money through CADAC?

Dr. KENOWITZ. If you have a minute, I will tell you the story. But the answer is not anymore. We once received a large amount of money from CADAC and got no referrals from them.

Then we were reduced 90 percent by CADAC and had, like, 30 referrals, and I was only able to take three kids.

Senator LIEBERMAN. Mr. Laguna.

Mr. LAGUNA. The question is, if I were to ask you for anything I wanted, what would that be. Well, that would probably be a long list.

We need more treatment beds throughout the State and that, I know, like I said, is the obvious.

Right now, alternative types of treatment, not just one—here has been one mystery to me over the years. One of the types of treatment—and it really should not be called a type of treatment, but one of the programs that has been very successful in helping people get off drugs are religious programs.

And I wonder why it is that religious programs have so much difficulty getting funds to offer more people those types of services.

There are a number of things. There are programs that are effective that will not take money. It is very similar to AA, which is a very successful program, but, yet, their philosophy is that they do not take any handouts or help, financial help from anybody. They support themselves. That is great.

But I think that we need more beds. I would like to see somehow more go into the research area of finding out more about this problem of addiction.

I do not know how much of that goes on. I know that we put in a lot of money, you know, for cancer research and now for AIDS research. I think maybe that is an area that has not really been looked into.

Senator LIEBERMAN. You mean, finding out why people get addicted?

Mr. LAGUNA. Yes. I kind of gave you some ideas of what I thought and of what people think, but I cannot pinpoint one of them to say that this is my favorite one or this is how I think it is.

I think it is a combination of things, but, again, I do not know.

I think that that is one thing that, really, not enough has gone into over the years.

Senator LIEBERMAN. Dr. Kenowitz, I know that in your prepared testimony—and, incidentally, the three witnesses did submit prepared testimony which is part of the formal record of the hearing—you raised some questions about the special needs of adolescent drug abusers and the lack of coordination at the State level.

I wonder if you want to talk a little bit about that, particularly in response to the Governor's comments on the subject.

And, going back to the discussion with the earlier panel, I would be interested in whether you think that those kids that you see are afraid of going to prison.

Dr. KENOWITZ. Let me do the second question first, and then I will do the other.

Teenagers, unlike adults—there is a different psychology among adolescents and adults. And the only way you successfully can treat an adolescent is if you have some kind of leverage point with them to get them into treatment and to get them to stay in treatment for the first few months. Then, after that, a self-enlightened process takes over, and kids respond better on their own.

Leverage points include, fundamentally, you know, two points. One is parents simply saying to their child, "You have got to go to treatment."

And if there is a bad connection between the parent and the young person, you will not get that leverage to start.

And the second is some kind of worse alternative. Going into treatment is a terrible alternative, and it is less severe than going to jail.

As we have heard here, you know, you are looking at 10 percent of the time maybe. I mean, I think the average probation violation for a young person at our place is three and four probation violations by the time they, you know, get an alternative to come to treatment.

Kids see jail—you know, some see jail as the red badge of courage, and every street kid has to serve. It is something that is important in your resume to show out on the street; that you are tough enough and that you can deal drugs.

Senator LIEBERMAN. So, you are seeing more of a desire to go to jail than to go into a treatment program?

Dr. KENOWITZ. I have people say to me, "The hell with it. I will go do my time and get out."

Senator LIEBERMAN. Because jail is shorter?

Dr. KENOWITZ. Not only is it shorter, but going through treatment is a heavy psychological process.

Going to jail and doing time, essentially there is not a lot, despite Commissioner Meachum's drug programs, there is not a lot of energy that you have to put in.

So, every day, I will hear a kid say, "To hell with it. I am just going to go do my time." And by the time that comes around, you know, maybe a kid is 18 or 19 years old, but he committed the offense at 15, when he was a juvenile. And by the time we get around to this, he is an adult, and the whole thing is just dropped anyway.

So, yes, we have that problem. So, adolescent treatment centers use leverage.

The second point is that, in the State of Connecticut right now—I heard the tail end of the Governor's statement—well, Under Secretary Carbone, at least, said, you know, last year, the lead agency was transferred to DCYS for adolescents.

I think a number of things are important. I think it is fairly diagnostic that the Governor brought with him an OPM representative to contribute to his statement, rather than from the drug and alcohol business; I think it says a lot.

Number two, I do not know whether you asked the Commissioner of DCYS or people at DCYS these four or five questions but, if you are familiar enough to ask, you get enlightening answers.

Question Number One: "Is there anyone within DCYS that has responsibility for drug and alcohol programs, education or treatment for adolescents?" The answer is no.

"Is there any separate line item of funding for drug and alcohol treatment for kids going through DCYS?" The answer is no.

"Are there any special sets of regulations or licensing regulations for drug and alcohol programs?" The answer is no.

"Is there any speedy placement process for drug and alcohol kids to be placed through DCYS?" The answer is no.

And the only answer that you would get a yes on is, "Are drug and alcohol kids lumped into general mental health kids, and is there a reduction in the budget right now for DCYS placement beds?" The answer is yes.

And, "Will drug and alcohol kids get lost in the priority of mental health cases?" The answer is yes.

Senator LIEBERMAN. I presume that you have conveyed some of these thoughts to people at the State level, as well.

Dr. KENOWITZ. Sure. Sure.

Senator LIEBERMAN. We have got to move on in a couple of minutes.

I appreciate your written testimony and what you have said here this morning. I think it adds immeasurably to this hearing.

Is there anything that you would like to say at the end that I have not covered, just before we go to the next panel?

Yes, Mr. Laguna?

Mr. LAGUNA. One of the things that we did not talk about too much is, one, what the Department of Corrections is doing and what are the ways that they are trying to alleviate the overcrowding conditions in the prison. That is by using halfway houses and treatment programs.

Now, when we entered into that situation with the Department of Corrections, we also contracted for some beds with the Department of Corrections for community release.

We started very slowly; like, we started with one and then two and then four.

We are up to 45 beds that are for people that are transferred from the prison to Crossroads with the understanding that they come there primarily for treatment.

Well, I think we have to really sit down with the department of corrections where there should be some encouragement from outside sources to encourage that so that, when people are sent from the jails to treatment, that somewhere along the line that status changes and the department of corrections cuts the thread and allows the treatment programs to apply treatment.

Now, what is happening is that more and more treatment programs are fighting with the department of corrections, in a sense, because the department of corrections looks at you as a bed, and they want to call all the shots.

Well, that strongly opposes what the treatment programs feel that they want to do with the individuals.

It would be better to change the status of someone who was coming from the department of corrections into a treatment program so that that person has the feeling that he is there just like anyone else, as opposed to—because treatment programs and halfway houses become an attraction to some who do not fall in the category of being released early. And they say, "Well, it is better to be in a drug treatment program" or "It is better to be in a halfway house than in jail".

And if I was in that situation, I would make the same conclusion.

But the way the system works now is that the treatment programs have to fight off the department of corrections to make the decision.

And, many times, because the department of corrections gives you money for those beds, they win.

Senator LIEBERMAN. That is a very interesting point. I will be glad to convey that.

Obviously, I urge you to try to do it through local and State legislators here, as well.

Anything else from you, Ms. Bryant?

Ms. BRYANT. I simply would like to conclude by saying that I think treatment should be available for any addicted people who are in need of it or who desire it.

And I am not just speaking about methadone per se; I am talking about all forms of treatment because methadone only is good for a specific kind of an addict and a specific number of people.

There are different strokes for different folks. But I think the Federal Government should have some obligation in making sure that every addict who wishes to rehabilitate him or herself should be able to do so in a treatment program.

Senator LIEBERMAN. Thank you. I think that is a very strong point for us to conclude on.

It just seems to me that nobody should argue with the idea that the national goal should be to have treatment available for any addict who wants treatment and at the moment that he or she wants it.

Dr. KENOWITZ. I would just like to say, Senator, if you could take the money out of this drug business, if you could do things like seize assets or—I am no expert on that. But I have got kids in my program who, in 3 months, will look at my staff and say, "I made

more than you in a month. I made more than the psychiatrist and the cook and the social worker, you know, walking the street dealing drugs."

If somehow you can take that lure out of this business, God bless you.

Senator LIEBERMAN. Thank you all. God bless you all, too.

Let me please call on the final panel for the morning, a panel of community leaders involved in community efforts.

Perhaps we will deal with this panel just a little bit differently than we have the others.

You each are involved in efforts to deal with drugs. In some ways, you understand the reality of it.

Let me ask if each of you would just start by telling us who you are, and then just talking for a few minutes about the problem as you see it and what you are working on to try and make it better.

And try not to go too long because we want to give everybody a chance and then have some exchange here.

TESTIMONY OF SHARON BURTS, VICE PRESIDENT, BOWLES PARK TENANTS ASSOCIATION, HARTFORD, CT [1]

Ms. BURTS. My name is Sharon Burts. I am the Vice President of the Bowles Park Tenants' Association, which is a moderate income rental development for the working poor.

It is managed by the Hartford Housing Authority, and we have been organized for the last 4 months. We have been trying to do several things in our community to get our children—to steer them away from drug activities and to give them more positive things to do. We need help.

Senator LIEBERMAN. Do me a favor. Just describe the scene. I mean, what motivated you to form this organization?

Ms. BURTS. When I first moved into the housing development, it was a very nice development. People were able to sit out in their yards. It was a very peaceful place.

Over the last several months, children are starting to hang out. We see drug traffic going back and forth on a constant basis: the speeding of the cars through the development, the gun shots, the whole bit.

So, a group of us got together and said, "Hey, we are not going to give up. This is the only place we are able to live right now."

So, we started to move in a positive direction. But at this point, we are moving by ourselves. I do not know how much longer it is going to be able to continue.

Senator LIEBERMAN. Tell me what you are trying to do now. What kinds of programs are you looking at?

Ms. BURTS. We do have the Boys' Club, which is housed right in the development. But that is geared towards boys.

We are going to be having dance and Brownies, and we open on a regular basis and let the children come in and play games. We do clean-up. We do whatever comes to our minds, obviously, that is positive.

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[1] See p. 86 for Ms. Burts' prepared statement.

Senator LIEBERMAN. So, the real focus of what you are trying to do is to create other activities for the kids, to avoid having them drawn into the drug culture?

Ms. BURTS. Yes. Right now, I am in the process of trying to get one of the apprenticeships to come in and do some training to help some of the young kids out there.

Everyone says that they need to work, but they cannot work for $5 an hour nowhere in a job if they get hired.

So, in hopes that in trying to work with the labor movement, we will be able to start some activities, we will try to get them geared towards some real jobs and income opportunities for them.

Senator LIEBERMAN. Have you gone to the police as an organization to try to get some of the drug dealing out of the neighborhood?

Ms. BURTS. Yes. There was an incident that happened about—actually, it was at the beginning of the month—where we received a very threatening letter——

Senator LIEBERMAN. Talk about that a little bit because I saw it in your submitted testimony and it was startling.

Ms. BURTS. Well, we started a Blockwatch. And the residents are really starting to come out and participate.

Senator LIEBERMAN. How does it work? Do the people take shifts?

Ms. BURTS. We are just in the process of doing it. We are getting ready to break them down into groups according to the sections in which they live. So, I really do not know all of the details regarding that.

That letter was delivered through the post office to the leadership, and it was God-awful. I mean, we all panicked. I mean, do we let our children go out? Who could have done this?

Senator LIEBERMAN. The letter was a threatening letter. The letter, presumably, was from people dealing drugs.

Ms. BURTS. Yes. We just do not know who.

Senator LIEBERMAN. They were threatening you to get you not to be involved in the Blockwatch.

Ms. BURTS. Right. When we attempted to call the police department to tell them what had occurred and ask if they could assist us, we were told that the letter would be sent up to the detective unit, they were backlogged, and it would be several months before someone could handle that letter.

Well, we contacted some political officials and then we got some results, but the results are not great.

Senator LIEBERMAN. Are you frightened now about continuing to do the work that you are doing?

Ms. BURTS. Yes.

Senator LIEBERMAN. But you are going to keep doing it anyway?

Ms. BURTS. I am going to try to keep doing it. It is a question of how long.

Senator LIEBERMAN. We appreciate it. Thank you.

TESTIMONY OF REV. WENDELL ASHBY, DIRECTOR, MEN'S HOME, YOUTH CHALLENGE OF GREATER HARTFORD, INC.[1]

Reverend ASHBY. My name is Reverend Wendell Ashby, Director of the Men's Home in Hartford, Connecticut.

When we are discussing the drug problem and why people get involved with drugs and drug-related crime, we have to bring out the spiritual factor, the spiritual component.

In talking with the people and attempting to reach out to people, we see the need that is within their lives. It is really a spiritual need; that there is an emptiness within the individual, and that is why he turns to drugs and drug-related crime, because there is a vacuum within him.

There is an emptiness within. So, with our outreach, the spiritual component is really the most important point of our outreach into the community; we have to focus on the inner person, the inward man.

And because of all the problems within, they get involved with drugs, they will be involved with different crimes and end up in jail in the Corrections Department and so forth.

So, we look at the drug problem as an outward problem of something that is really trouble within the individual, within that adult, within that teenager, within that child.

And that is why we are reaching out into the community. We have an outreach ministry in Hartford, Connecticut, meeting several times during the week, and we are reaching not only out to the addict, per se, or the alcoholic, but we are reaching the families as well.

So, our follow-up ministry is very strong.

Senator LIEBERMAN. How do you do it? Where do you go? How do you find people who need you?

Reverend ASHBY. Well, one example would be our ministry in the prison system. Every week, every Sunday, we are in every major prison in the State of Connecticut.

For instance, we are at Cheshire Corrections on the first Sunday. The second Sunday, we are at Enfield. And the third we are back at Cheshire, and the fourth Sunday we are at Hartford Corrections. And those are only Sunday services.

And then we bring those who are residents and those from the outreach to share personal testimony. And we have to tell them—just like one of my colleagues already mentioned the problem which tie-in with a religious program, where many would want us to just keep silent and not mention God or anything spiritual.

But that really is the essence of our program, the spiritual, because we have to say that God, that Christ has changed their lives from within.

That is why 70 percent of our graduates completing 18 months are drug-free now and are serving in the community. And that is the type of testimony that we have to bring—that we bring into the prison system so that the inmates can see that here is someone who used to be in jail, who used to be on drugs; now they are living clean, working as a staff member.

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[1] See p. 88 for Reverend Ashby's prepared statement.

The prison system is only one example. Another would be our outreach into the streets, per se. So, we go into our neighborhoods, into the streets of Hartford, into the housing projects. And you have the same problem in Hartford as you have here in New Haven; the only difference is the location, geographically.

So, we go to the parks. We conduct outreach. We give out literature. We offer help to the individual. We go to—all the parks; Bushnell Park, Sigourney Park, every one that we can think of, getting our permits through the City and attempting to go right to the street corner.

Senator LIEBERMAN. How do you support yourself? I presume you do not receive any government money.

Reverend ASHBY. We do receive some funds through the CADAC, which is 28 percent of our budget. And the remaining funds would come from individuals, from churches, organizations and those who really see or have a burden, you know, to help the addict, to help the troubled youth, to help the families, to help those with a drug problem.

Senator LIEBERMAN. Do you feel that you are having a pretty good success rate?

Reverend ASHBY. Yes. Our success rate—that is, based on one who will complete the 1 year plus 6 months internship or training which prepares him to go back into the community, of that total 18 months, the one who completes that, then that is where the success is.

And it is not only in the length of time—because, as we tell those in the program, it is not only those going through the program, like doing time in jail—it is not that. It is what you put into it. It is what you receive from the spiritual life that we offer and then applying that to their personal lives.

And then, when their life has changed, when their wife or girlfriend comes to visit them, they are not sure if it is real. But then, in time, see, that will be proven; and their children visit also.

At times, they are divorced. At times, their children are with different relatives and there is heartache. And there are those with AIDS, as well. We do not keep anyone out. The drug addict who may have AIDS is not kept out of our program. We do not segregate them; they are mixed in.

We do not say, "Well, now, these addicts have AIDS, so they will stay in this room." No. It is just one family. We treat them as one.

Senator LIEBERMAN. Reverend Cofield, may I just say that I welcome you here as a personal friend, and I thank you for your time.

It is a pleasure to say for the record that you are a real community leader here in New Haven and the minister of, I would guess, the largest congregation in New Haven.

Thank you for being here.

TESTIMONY OF REV. CURTIS M. COFIELD II, SENIOR PASTOR, IMMANUEL BAPTIST CHURCH, PRESIDENT, NEW HAVEN CLERGY ASSOCIATION, NEW HAVEN, CT [1]

Reverend COFIELD. Thank you, Senator. I need to respond also and say that I am more than encouraged by the call which you

[1] See p. 90 for Reverend Cofield's prepared statement.

have given to others, including myself, to come today to give some statements, which we know, according to your record, means that more than just a hearing is going to follow, that some actions will take place. And we are grateful for that.

I am wearing many hats, as I always do. So, I would like to perhaps describe what I am about under three hats. Under one hat, I am the pastor of the Immanuel Baptist Church, a large, predominantly black congregation in its 165th year, in its more than 100th year located at Chapel and Day Streets, the hub of many activities, illegal and legal.

Secondly, I am chairman AIDS Network, commenced approximately 4 or 5 years ago, after having seen the encroachment of AIDS in my congregation and, of course, also being aware of its influx into the general population.

My wife is the coordinator of that activity. It operates out of contributions that e directly to the AIDS Interfaith Network, but also out of AID roject New Haven, serving mainly the minority population, blacks in particular, but not exclusively serving Blacks.

Out of the present caseload of 20, seven persons do include more than minority persons.

Third, I am president of the Greater New Haven Clergy Association, which includes approximately 35 black and white ministers who gather each Monday in a group to work at problems.

Whatever hat I wear, I am involved with the complexity of things that happen in our culture. And one of those that is today, perhaps, taking a large toll on my effort among the groups I have mentioned is the fact of what drugs are doing in our population.

I think that some of the testimony I have heard already talks about statistical data, how many persons and so forth are involved.

My colleague to my right has talked about the spiritual nature, which is one of my major concerns.

And I think, in the little statement that I offered earlier to you, sir, I mentioned something to you about the modification of behavior which comes about through drug use and drug abuse. And that is the major thing I would like to focus on for a moment, if I may.

As I have worked intensively over the past 7 to 10 years with persons within the drug culture, I am astounded, number one, by the fact that more and more of those who are there say to me, one-on-one, clergy/client relationship, "You are naive, Reverend, if you do not realize that over 70 percent of all the people who sit in your congregation on any particular Sunday morning or any particular occasion who are under 50, those persons are into drugs."

So, while I can say that I am pastor of one of the largest congregations in New England, I am really admitting also, if these statements are correct, is I also have a large coterie of persons who are into drug use and abuse.

What astounds me, as I work with such persons, is that more and more I am being educated. And I think that is a need that needs to pervade the Christian world; the facts of the kind of person with which we are dealing.

I suppose for a long time I assumed that it was the same kind of person as it was 20 years ago, when a parent came to me with a child and said, "I cannot get this child to act right. He does not

behave at school, at home. He will not clean up his room." You know, those sorts of things.

What I have discovered in these past years is that I am working with a person—with a human who is a non-person.

Most of the persons who are into drugs with whom I have worked and with whom I talk indicate to me that, from the time they first used drugs through the present, it is a period in which they are bioiogically bonded to the human race; but socially, emotionally, educationally and otherwise, they are strangers.

I talked with one person who said, "I am a mother. I have teenage children." And this person is now into rehabilitation. So, the person is saying, "I really do not know how to behave because I missed all the years from the time I was 13 until the time I was 30."

So, what she was saying was, "I do not know really how to parent my children. I do not know really how to be a responsive and good wife to my husband. I do not know how to hold a job. I do not know how to do the things that 'people' do because I have not been a person between the time I was 13 and the time I am 30."

Now, one of the things that I hear over and over again is, "I will adapt. Well, I do not have the skills for socialization, personalization and maturation and all the others, mentalization. There is one skill that I have, and that is the skill to scheme. I am very good at that. I know how to survive, to perpetuate my personal needs at any cost beyond that of others."

Yesterday—and I spent the major portion of a holiday yesterday in counseling; I did not intend to, but that is the way it ended up. I did some this morning.

I concluded that one of the things that is necessary is that persons, even those who are in rehabilitation, those who have, "kicked drugs", need some trained persons who can follow them up.

And at first I was going to say that should be done for 2 to 5 years, but I am going to say perpetually because I hear ex-users say that it is a day-to-day hope that they will not revert as such.

What I would like to propose, Senator, is that some serious thought be given—I heard someone else say something about how they could not understand why religious organizations are denied the assets that they need in order to work. And I agree with that.

I think we need more persons represented in the religious area in the streets who can, one-on-one, talk with persons who are in the drug culture, who can offer them some service.

And I use the word "service" because I do not know all that we should offer. I take it that we can learn from those who need more about what their needs are.

And I think it is reprehensible for me to try to say what someone else needs. And maybe that is part of the failures of the programs; that we sit in our cloisters with our holy outfits on, and we have made a concise description of what somebody else needs, except for the fact that we are really talking about what we think they need, rather than what they need.

I would hope that the area of training counselors might receive new impetus, Christian counselors, religious counselors, to work with those persons who are in the culture, that enablers will be provided.

And I say enablers because if I take any of the classic cases that I have in my mind, those persons are not really ready for the things that we want to offer.

And I understand what it means to train persons for a job but, if that person has lost 20 years of his or her life and those 20 years were the formative years, they are hardly ready for a job.

I daresay they are ready for a job. So, what we need is the kind of program, I think, that sends forth into our arenas those persons who have some skills. And that is where the churches come in.

When we talk about the minority community, the churches constitute the single place where the major bulk of minorities gather. But we are woefully lacking. Part of our job at the Immanuel is we are clothing folk and, in some instances, we are housing folk, and we are doing what we can in counseling, but we are far short of what we need for the counseling experience in particular.

Any single day that I do not simply cut away, I could spend the entire—and my day usually is an 18-hour day. I can spend every 18 hours in counseling, most often with persons who are in the drug scene.

Senator LIEBERMAN. Thank you very much, Reverend Cofield. I am struck by what you have said. In view of your statement and what Reverend Ashby and Mr. Laguna said earlier, maybe there ought to be a national effort to see whether we can involve religious organizations more formally in this struggle and give them more assistance. When you get to the heart of it, this is a problem that deals with a loss of hope, a loss of values, a loss of self-discipline, and religion is certainly one very strong antidote to all of those illnesses. I thank you.

Ms. Henry, you are certainly on the front lines, and I admire what you do.

TESTIMONY OF VIRGINIA HENRY, TENANTS AGAINST DRUGS DAMNIT, T.A.D.D., NEW HAVEN, CT [1]

Ms. HENRY. Yes, Senator, sometimes I feel like that. I am Virginia Henry, and I am the chairperson for T.A.D.D., which is Tenants Against Drugs Damnit.

We emphasize the "damnit" because we are tired of it. T.A.D.D. is a plan, number one. A lot of people think it is an organization, but it is not; it is a plan that came out of an organization that was organized in public housing.

And whenever we sat down to a meeting, it all came back to the same thing. No matter what kind of problems we had, we ended up talking about drugs and what the drugs were doing to our neighborhood.

And public housing seemed to be the dumping ground for all of the drugs.

Senator LIEBERMAN. Are you finding what some of the policemen said earlier, that there are a lot of people coming in not only from outside the public housing but from outside of the city to buy drugs?

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[1] See p. 91 for Ms. Henry's prepared statement.

Ms. HENRY. Yes, we found out the same thing the police did, that they were coming out of the city by the trains by the arrests that were listed in the paper and the towns that they came from.

We knew that the ones that were dealing drugs in our communities basically were not our tenants; they were outsiders and, in some cases, they were young men that used to live there and that had moved away so that they knew the projects real well. And that happened with just about all of them.

Even if they had lived at Quinnipiac Terrace, they may be dealing drugs in Farnham Court, and this was the way it was going. And that is the reason we decided to do something about it—or, try to do something about it.

And the "we" is a group of tenants of public housing. Right now, there are six developments involved in T.A.D.D.; Quinnipiac Terrace, Rockview Circle, Farnham Court, Eastview, Waverly, and Elmhaven.

And we sat down and we came up with a plan to involve the police department, the Housing Authority director, neighborhood politicians, neighborhood organizations, and the mayor.

And we found that it works to an extent.

Senator LIEBERMAN. What is the plan?

Ms. HENRY. First of all, we had what we called a campaign. That was the police coming into each development—not at one time. They started in Rockview, stayed for 24 hours for 2 weeks, and sort of cleaned the drugs out.

Then we would bring in a tenant patrol. We also involved the Housing Authority who gave us better lighting so the drug dealers did not have all these little dark corners to hide in when the police came.

And the mayor was responsible for our kick-offs, which meant once the police had come in, once the patrols were more or less in place, we would have a showing of support from our mayor, our politicians and our neighborhood—different organizations in the neighborhood.

We let the drug dealers know that we were fighting them but we were not fighting them alone. So, that was the plan.

Senator LIEBERMAN. And how do you think it is progressing? How are you doing?

Ms. HENRY. Well, right now, we are doing pretty good, but not anything like we would like it.

On any given day, you would find a drug dealer almost on the corner of every building at one given point. The drug dealers are still there, but they are nothing like they were. You could not step outside your door because of the drug dealers.

I mean, they would literally set down a crate and set up shop on your doorstep.

Senator LIEBERMAN. Was there much violence right on the scene?

Ms. HENRY. There were always the gunshots, the fights, the gang wars and that sort of thing.

One of our developments, Easton Circle, we still have people from Easton Circle that are in the T.A.D.D. plan, but we do not have as many people as we did because of threats that they had gotten. And they sort of backed away from it.

They cannot even hold meetings in their development because of the drug dealers.

So, subsequently, they have to do it someplace else.

Senator LIEBERMAN. Are you satisfied with what the police are doing?

Ms. HENRY. I could say that the police have cooperated with us very much. They were great in their cooperation.

When we took the plan to them, we did not have any trouble getting them to help us formulate it, to do what we had asked them to do.

Unfortunately, they cannot stay as long as they need to stay, so there are some problems there.

I would like to have them in each of the developments 24 hours a day, every day, not just for 2 weeks. But we know that, basically, that is just not possible, financially it is not possible.

We were given one policeman from the Housing Authority. They used up their resources for that policeman, so that policeman is now gone.

Senator LIEBERMAN. I was surprised, particularly following the preceding two witnesses, that you did not mention the churches among the list of people involved.

Ms. HENRY. The churches are beginning to get involved now with the Coalition for People.

When we first formulated the plan, the churches were one of the groups that we called. And all we wanted from them was neighborhood support.

Senator LIEBERMAN. And you are beginning to get some of that now?

Ms. HENRY. Now we are beginning to get some of that.

Senator LIEBERMAN. Ms. Burts, do you want to add anything to what you said earlier about what is happening in Hartford?

Ms. BURTS. Yes, I would. I have to get going, so I am just going to basically say how I feel about what is going on, and then I have to leave.

Senator LIEBERMAN. We are going to wind it up soon, so please go ahead.

Ms. BURTS. I have a lot of questions that are unanswered. And maybe if I address some of them to you, then I can possibly get some kind of a response.

Senator LIEBERMAN. Sure.

Ms. BURTS. Public housing was supposed to be a temporary arrangement. And up until the sixties, it was.

My question is, why have the housing projects become a dead living arrangement in the 1980s? It is a haven for the drug dealers and crime and violence.

And we work to secure an appropriate living for people in other nations, and then our own people live in poverty. And no one really cares.

That is not to say that you do not care, Senator, but that is my feeling.

And I work each and every day and have small children, and I should not have to live in fear. I should not be afraid to say to a youth, "I don't want you dealing drugs in my yard. I don't even want you hanging out." I should not have to feel that way.

Why?

Senator LIEBERMAN. You are absolutely right. There is no good answer for that. I mean, if there is one thing that government should be able to provide to people, to citizens, it is a sense of personal safety and security.

And when we fail that, we are breaking one of the basic promises we are supposed to deliver on, believe me.

Ms. BURTS. I would like to say that our children and our youth, we all need to be educated on crime and drugs and AIDS. We cannot do it alone; everybody has got to pitch in, or else we have lost it all.

Everyone talks about money. I think if everyone could come to the table and make suggestions and work in the same direction, it does not always have to boil down to money.

Senator LIEBERMAN. I appreciate that. Actually, what has been very positive about this panel is not just that you are, as I said earlier, on the front lines, but that you are experienced and you are trying a lot of different methods to deal with the drug problem.

And that is not only courageous, but it is very helpful to people in my position, who are looking for ways to deal with the problem, that are truly better than what we have done until now.

Does any of you have anything further you would like to say?

A MEMBER OF THE AUDIENCE. I would like to underline what they say because I work as a counselor in a soup kitchen, and I come from a religious perspective.

As a counselor in soup kitchens, I can say that more than 50 percent of the people that we work for now are on drugs. I underscore the religious nature of some of the counseling necessary because some of these people are on the last rungs of their lives and they have given up all hope. And they do not think God is there for them.

You need to have training, you need to have absolutely excellent training and counseling. You need to have a religious background in order to work with this group.

And I would like to just support everything I have heard here today.

Senator LIEBERMAN. Thank you. You know, to people here, this is probably pretty obvious, but the New York Times today had a big story that says that drugs are a major cause of the problem of homelessness.

I suppose that you do not need to have a doctoral degree to have that insight. But it was there, and it does show that a lot of other problems in society really come back to this problem.

Reverend Ashby or Reverend Cofield, do you want to say anything further before we wind up the testimony?

Reverend ASHBY. As many have already mentioned, you cannot really separate the drug problem per se from all of the other problems.

But then, from our perspective, from the religious or Christian viewpoint, they are all related; you cannot just take out the drug problem and then deal with that and then deal with, say, a family problem; they are all related.

And they are all, as many of us feel, from our perspective, just results of the trouble that is within the individual.

And, at times, just to mention a couple of problems that we go through—one would be that, in some schools, we attempt to go in to do drug prevention, to share with elementary school children, junior high, high school, about the drug problem and how they can get off of drugs and how we can help them with their problems.

But, at times, some schools will not really want our answer, where we are told, "Well, you cannot mention God" or "You cannot mention the spiritual." But, without that, then we do not have a program, we do not have an outreach.

But we do have hopes and are praying about a home for our residents—for teenagers.

There are many Youth Challenges that have grown up over the years. On the island of Puerto Rico, there is a Youth Challenge of Puerto Rico for teenagers under 18.

However, it is said that, on the mainland, we do not have that many programs for those under 18 because we have people coming to us, ages 14, 15, 16, with many problems, with drug problems. And that is unfortunate.

But to start, we hope to have one in the Greater Hartford Area in the future. But if we were to want to open one in the close proximity to our men's home, we would have a problem with the zoning because you cannot be that close to one another.

So, right there, we would have a problem. We would have to fight the city and we would have to fight the State and the red tape and the restrictions; yet, all we want to do is to reach out. We just want to have a home for teenagers, 14, 15, 16, abiding by the health and fire codes.

But, at times, our hands will be tied. We do want to reach out to all those in need.

Senator LIEBERMAN. Keep trying. Keep reaching.

Reverend ASHBY. Amen.

Senator LIEBERMAN. Reverend Cofield?

Reverend COFIELD. Senator, it seems so obvious, sir, that one of the issues that this Nation has to look at, if we are all saying that these are interrelated problems—and I think they are—is, you know, what have we done with the moral fiber of this country, as a whole.

And when we really re-examine that, perhaps we might find some key to help us with the matters that are at hand.

Ms. HENRY. Personally, I think that the people that are living in suburbia and the ones that are buying the drugs—not necessarily the ones that are buying them, but their parents and their grandparents, if they would look at it as a problem with them also, then we would get more support.

It is easy to pick up the paper and see where a child has been killed when it is not your child.

I do not think that people are paying enough attention because it does not affect them. But in the long run, it affects all of us.

Senator LIEBERMAN. It affects all of us. You are absolutely right. That is a good message.

I thank all of you for your time. I appreciate that some came at some personal inconvenience, and that means a lot to us.

And I promise you that this is just not an exercise. I will go back and do everything I can to shake up what is happening at the Fed-

eral level, in New Haven, Hartford, Connecticut, and in other places that need help.

Also, I do want to say that the record will remain open for any further written statements that anybody would want to submit, and we would be glad to include them as part of the record.

We have not been taking statements from the audience, but I cannot turn down a nice lady, if you want to add to something.

Ms. ELSIE HENRY. I just wanted——

Senator LIEBERMAN. Would you please identify yourself?

Ms. ELSIE HENRY. I am Elsie Henry. I am also part of T.A.D.D. I have been working with my mother on this problem. And one thing that really struck me this year—and I work with the summer youths in the summertime, from July through August.

And it was really funny to me because I had three or four 13-year-olds come to me and say, "Can we work this summer?" And I said, "I am sorry, but you have to be 14 years old. You cannot work unless you are 14 years old."

Those drug dealers do not have that criteria, and those 13-year-olds are going to be lookouts during the summertime when the drug activity sort of increases.

When we put limits on children, when we put those kinds of limits on children, especially on children in impoverished areas who do not have the mother who is making a lot of money to give them some money in the summer, it causes a problem.

And I think someone in the Federal Government needs to look at those problems and look at what those children are coming from and say, "If we do not do anything about this now, we are going to have a problem later on."

Senator LIEBERMAN. That is an excellent idea. You know, those laws were adopted, I suppose, for good reasons, which were to protect kids from being forced to work too young.

But the world is a lot different today, the threat is different, and we have to compete—you are absolutely right—with the drug dealers to make sure that we provide kids with a wholesome opportunity. So, yes, it is a very good idea.

Yes, ma'am?

Ms. CARTER. My name is Colleen Carter from Moses Park in Hartford. I just want to say for the record that I hope everyone from this organization or from this panel realizes that, 20 years from now, that is our future, and our future depends on our children.

And, right now, most of our children are growing up in a drug environment. And if we want a future, we want people that we have out there, governors and the like, to be able to give us new laws.

By that time, we will be older people and we will have to depend on them. We have to train them, educate them, give them something to look forward to.

Like this lady said, you can get a kid from 9 years old to 13 to go out there and be a lookout right now.

See, all these problems that we seem to be having with drugs and crime and rape, right now we have no solution and we are losing our children.

Right now we are talking about 10 percent of our environment that has gone to, "the dark side," but we are losing more and more of our children to the dark side every day.

If we do not come up with a plan or a mechanism by which we can help our children to promote them to the brighter side, to give them something to look forward to tomorrow, there will be no tomorrow.

Senator LIEBERMAN. No future. Thank you. You are right.

Maybe a last statement. Yes, ma'am?

Dr. GORDON. I am Dr. Judith Gordon. I came today because the Connecticut Society of Gerontology had initiated an AIDS education project, and we have been working with the API Foundation, their network; therefore, I was invited to attend the hearing.

As I listened, I thought—I learned a great deal from all the speakers—I thought of a group of old people who had pointed out that these, after all, are their children and their grandchildren and these are not wild animals in our city streets; that they are, in fact, the residents of our communities who are watching people struggle with lack of health, lack of education.

And most of our lack of health today, as has been suggested previously, is due to drugs and the extension of our expected lifetimes.

I would, therefore, suggest that some of the hearings that the Committee on Aging has held are also relevant; ways of creating low-income housing so people do not need to contribute money for rent as we look at mid-life education, so people can go into treatment programs, get money to go back to school, and that we begin to look at this war as against lifetime opportunities where people can change as they grow old and look at new ways of investing in America's families so that some of the underlying issues can also be addressed.

Senator LIEBERMAN. Thank you for that statement. You are right.

I said once before that, in the war on drugs, there is no magic bullet. This is a challenge that we have got to meet on a lot of different fronts.

And we are only going to do that by working together and by having the kind of input and the kind of activity and, frankly, the kind of guts that is represented in the group of people before me.

So, I thank you very much. This will now conclude the hearing.

[Whereupon, at 12:36 p.m., the Subcommittee adjourned, subject to the call of the Chair.]

APPENDIX

CAPTAIN RAFAEL GARCIA
NEW HAVEN DEPARTMENT OF POLICE SERVICES
STREET CRIME NARCOTICS UNIT
1 UNION AVENUE
NEW HAVEN, CT 06519

MR. ARRON BAYER
SENATOR JOSEPH LIEBERMAN'S OFFICE
WASHINGTON, D.C.

RE: OVERVIEW OF NARCOTIC AND SUBSTANCE ABUSE WITHIN THE CITY OF NEW HAVEN

SIR:

THE FOLLOWING OVERVIEW IS ONLY MY PERSONAL OPINION BASED ON MY POLICE TRAINING AND EXPERIENCE WHICH TOTAL SEVENTEEN YEARS WITH THE NEW HAVEN POLICE DEPARTMENT, WITH THE LAST EIGHT YEARS OF THAT, IN A SUPERVISORY CAPACITY, BEING FIRST IN COMMAND OF THE NEW HAVEN POLICE DEPARTMENT'S DOWNTOWN METRO SQUAD, WHICH ENTAILED ORGANIZING AND SUPERVISING A NEIGHBORHOOD TASK FORCE CONSISTING OF UNIFORM PERSONNEL TARGETING SPECIFIC AREAS WITHIN THE CITY, WHERE DRUG TRAFFICKING AND ITS MANY AFTER EFFECTS WERE PREVELANT. MY MOST RECENT COMMAND IS SUPERVISOR IN CHARGE OF THE NEW HAVEN POLICE DEPARTMENT'S STREET CRIME NARCOTICS UNIT. THIS UNIT CONSISTS OF APPROXIMATELY FIFTEEN DEDICATED POLICE OFFICERS.

THE UNIT'S RESPONSIBILITIES, THEORETICALLY, CONSISTS OF STREET CRIMES SUCH AS ROBBERIES, BURGLARIES, PURSE SNATCHES, ETC., BUT OVER THE LAST TWO YEARS, THE UNIT HAS BEEN ENGULFED WITH NARCOTIC COMPLAINTS AND THUS OUR ENFORCEMENT EFFORTS ARE NOW AT 100% TOWARDS THE SUPPRESSION OF NARCOTICS ACTIVITY WITHIN THE CITY WHICH, I MIGHT ADD, LEAVES US AT A HANDICAP IN ADDRESSING THE OTHER SIGNIFICANT AND SOMETIMES VIOLENT CRIMES.

OVERVIEW CONDITIONS IN THE CITY AS THEY RELATE TO NARCOTICS

NEW HAVEN IS A CITY WHERE THE POPULATION IS APPROXIMATELY 126,000, FORTY PERCENT OF WHICH ARE MEMBERS OF THE MINORITY COMMUNITY. THE CITY IS DIVIDED INTO 30 DIFFERENT VOTING WARDS AND AT PRESENT, THE NEW HAVEN POLICE DEPARTMENT CONSISTS OF 397 SWORN OFFICERS.

DRUGS MOST COMMONLY FOUND WITHIN THE CITY OF THEIR ORDER OF AVAILABILITY ARE AS FOLLOWS: COCAINE, IN POWDER FORM, AND CRACK COCAINE, HEROIN, MARIJUANA. ALSO AT AN INCREASE OF AVAILABILITY TO PERSONS OF DRUG DEPENDENCY ARE PRESCRIPTION LEGEND DRUGS SUCH AS DARVON, PERCOCETS, VALIUM, ETC., AND MOST RECENTLY THE PRESENCE OF HALLUCINOGENS SUCH AS MAGIC MUSHROOMS WHICH TRADITIONALLY WERE ONLY FOUND ON THE WEST COAST.

IN ANY ONE OF OUR 30 WARDS, AT ANY TIME OF DAY OR NIGHT, NARCOTICS ARE BEING DEALT BLATANTLY ON THE STREET CORNERS FROM WITHIN HOMES, ON PORCHES, AND FROM BUSINESS ESTABLISHMENTS. FOR THE MOST PART, OUR STREET LEVEL DEALERS ARE GETTING YOUNGER AND YOUNGER WITH SOMETIMES ARRESTS OF NINE OR TEN YEAR OLD YOUTHS THAT COME FROM POOR FAMILIES AND ARE EASILY INFLUENCED BY THE QUICK DOLLAR WHICH THE ILLEGAL NARCOTICS RATE OFFERS THEM. THESE YOUTHS ARE COMMONLY EMPLOYED AS DEALERS, RUNNERS OF NARCOTICS FROM THE DEALER TO THE CUSTOMER, AND AS POLICE LOOKOUTS. A LOOKOUT CAN MAKE AS MUCH AS $300.00 TO $500.00 PER WEEK AND THEIR ONLY RESPONSIBILITY IS TO STAND ON STREET CORNERS, ALLEYS, OR OTHER PLACES FROM WHICH THEY CAN OBSERVE EASILY THE APPROACHING POLICE OFFICERS AND GIVE A WARNING SIGN TO THOSE DEALING NARCOTICS ON THE STREET. THESE YOUTHS ARE BEING EMPLOYED BY OLDER TEENS THAT ARE NORMALLY THE BACKERS OF THE STREET LEVEL ACTIVITY. IT IS THESE INDIVIDUALS WHO ARE UNEMPLOYED, DRIVE AROUND IN EXPENSIVE CARS, SUCH AS MERCEDES WITH GOLD TRIM, JAGUARS, CORVETTES, DRESS IN THE MOST EXPENSIVE CLOTHES, AND WEAR MORE GOLD JEWELRY THAN KING TUT HAS IN HIS TOMB.

IT SEEMS THAT ALTHOUGH NEW HAVEN'S ENFORCEMENT EFFORTS TOWARDS NARCOTICS IS ONE OF THE MOST EFFECTIVE IN THE STATE (LEADING IN ARREST STATISTICS AND CONVICTIONS), THE PROBLEM CONTINUES TO GROW AND THE NUMBER OF YOUTHS BEING RECRUITED CONTINUOUSLY INCREASES.

AMONG THE MANY PROBLEMS THE NARCOTICS TRAFFICKING HAS BROUGHT TO THE CITY, IS THAT PARENTS IN THE LOWER INCOME CATEGORY ARE SOMETIMES FULLY AWARE THAT THEIR NINE OR TEN YEAR OLD CHILD IS OUT ON THE STREET SELLING NARCOTICS, AND DO NOTHING BUT SUPPORT THEIR CHILD'S ACTIVITIES FOR THEY TOO ARE REAPING THE BENEFITS OF THE ILLEGAL NARCOTIC TRADE.

JUVENILES (AGES 15 AND UNDER)

1. TOTAL ARRESTS IN 1988: 1,202
2. ARRESTS FOR NARCOTICS VIOLATIONS 118
3. ARRESTS FOR WEAPONS VIOLATIONS 41
4. ARRESTS BY AGE

UNDER 10	34
10-12	197
13-14	561
15	410
TOTAL	1,202

ON THE DEMAND SIDE OF THE PROBLEM, NEW HAVEN IS SURROUNDED BY SEVERAL MIDDLE CLASS SUBURB COMMUNITIES SUCH AS WEST HAVEN, HAMDEN, NORTH HAVEN, EAST HAVEN, BRANFORD, ETC., AND THROUGH OUR ENFORCEMENT EFFORTS WE HAVE DOCUMENTED THAT MORE THAN 50% OF THE ILLEGAL NARCOTICS BEING SOLD ON THE STREETS OF NEW HAVEN ARE IN FACT BEING PURCHASED BY OUT OF TOWN RESIDENTS OF THESE NEIGHBORING COMMUNITIES. IT IS MY OPINION THAT ALTHOUGH NATIONWIDE, THERE IS STRONG CAMPAINING TOWARDS THE EDUCATION OF THE PUBLIC ON THE EFFECTS OF SUBSTANCE ABUSE, THOSE PRESENTLY CONSUMING NARCOTICS HAVE TURNED A DEAF EAR TOWARDS IT'S DEATHLY EFFECT, IGNORNING THE MASSIVE WARNINGS GIVEN OUT BY GOVERNMENT MEDIA AND THE PRIVATE SECTOR. THIS IS DEMONSTRATED BY THE INCREASE IN THE

DEMAND FOR NARCOTICS WITHIN THE CITY WHICH HAS RESULTED IN THE INCREASE OF DISTRIBUTION, MAKING NARCOTICS ONE OF THE MOST IF NOT THE MOST PROFITABLE COMMODITY AVAILABLE TODAY. TO GIVE YOU AN EXAMPLE HOW READILY AVAILABLE NARCOTICS ARE IN NEW HAVEN, BECAUSE OF THE INCREASING NUMBER OF ROBBERIES AND THEFTS (MAINLY BEING CONDUCTED BY DRUG DEPENDANT PERSONS), VIRTUALLY ALL BUSINESS ESTABLISHMENTS WITHIN THE CITY ARE CLOSED BY EIGHT P.M. CITIZENS IN THIS CITY SOMETIMES HAVE TO DRIVE LONG DISTANCES TO BUY A QUART OF MILK. ON THE OTHER HAND, CITIZENS IN THE CITY CAN LEAVE THEIR HOMES, SOMETIMES WALK LESS THAN ONE BLOCK IN EACH DIRECTION, PURCHASE NARCOTICS WHICH ARE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS A YEAR, INCLUDING ALL MAJOR HOLIDAYS.

ALONG WITH THE INCREASING DEMAND AND DISTRIBUTION OF NARCOTICS THAT AFFORDS TREMENDOUS CASH POTENTIAL, WE ARE SEEING A TREMENDOUS INCREASE IN WEAPONS BEING UTILIZED AND CARRIED NOT ONLY BY THE BIG TIME DEALER BUT ALSO BY STREET LEVEL TYPES. THIS PROBLEM SEEMS TO HAVE GROWN INTO A STATUS SYMBOL FOR EVEN YOUNG KIDS, AS YOUNG AS AGE NINE, WHO HAVE BEEN ARRESTED CARRYING SEMI-AUTOMATIC WEAPONS. THE NEW HAVEN POLICE DEPARTMENT'S TOTAL ENFORCEMENT PROGRAM, WHICH WILL BE ELABORATED ON FURTHER AT A LATER TIME, HAS MADE IT SOMEWHAT DIFFICULT FOR DEALERS TO ESTABLISH STRONG SELLING POINTS IN CERTAIN NEIGHBORHOODS. IN ADDITION, WITH OTHER NARCOTIC GROUPS TRYING TO TAKE OVER THE HIGH PROFIT MARKET IN CERTAIN AREAS AND THE FACT THAT IT IS COMMON KNOWLEDGE FOR STREET DEALERS TO CARRY LARGE AMOUNTS OF MONEY, NARCOTIC DEALERS MAKE AN EASY TARGET FOR RIP OFFS. THESE FACTORS HAVE RESULTED IN DRIVE-BY MAFIA STYLE SHOOTINGS ON A FREQUENT BASIS, DRUG RELATED HOMICIDES NEARING RECORD NUMBERS, ALMOST NIGHTLY SHOOTINGS IN WHICH INJURIES ARE SUSTAINED BY THOSE INVOLVED IN THE DRUG BUSINESS AND MOST SERIOUSLY THE WOUNDING OF PEACEFUL CITIZENS WHO JUST HAPPEN TO BE CAUGHT IN THESE DRUG WARS.

JUVENILES (AGE 15 AND UNDER)
TOTAL ARRESTS FOR WEAPONS VIOLATIONS 41

THE CITIZENS THAT RESIDE IN ALL THE 30 VOTING WARDS IN THE CITY OF NEW HAVEN, ARE CRYING OUT FOR HELP. THEY CAN NO LONGER TOLERATE NARCOTIC TRAFFICKING IN THEIR NEIGHBORHOODS. THE EFFECTS OF NARCOTIC TRAFFICKING INCLUDE STREETS TOTALLY DOMINATED BY THE DRUG ELEMENT WHOM TERRORIZE CITIZENS BY THEIR MERE PRESENCE AND THE PRESENCE OF THE TYPE OF ELEMENT THEY DRAW.
CITIZENS OF NEW HAVEN ARE IN FEAR FOR THEIR SAFETY AND MANY TIMES WILL NOT CALL FOR POLICE ASSISTANCE FOR FEAR OF RETALIATION TO THEIR LIVES OR PROPERTIES. IN ESSENCE, THE CITIZENS OF NEW HAVEN, IN MANY CASES, ARE BEING HELD HOSTAGE BY THE DRUG DEALERS.

NEW HAVEN POLICE DEPARTMENT NARCOTICS ENFORCEMENT EFFORTS

THE NEW HAVEN POLICE DEPARTMENT, THROUGH IT'S STREET CRIME NARCOTICS UNIT AND A SPECIALIZED PROGRAM CALLED CAPAC, WHICH STANDS FOR CITIZENS AND POLICE AGAINST CRIME, ARE ADDRESSING THE PROBLEM STARTING AT IT'S CORE. ON THE

DEMAND SIDE, SPECIAL EFFORTS ARE GIVEN TOWARDS ARRESTING STREET LEVEL DEALERS, LOOKOUTS, AND RUNNERS. STRONG EMPHASIS IS PLACED ON IDENTIFYING HOMES FROM WHICH NARCOTICS ARE BEING SOLD OR BEING KEPT. EXTENSIVE COORDINATION AND PLANNING WITH OTHER LAW ENFORCEMENT AGENCIES, BOTH FEDERAL AND STATE, HAS ALLOWED THE STREET CRIME NARCOTICS UNIT TO IDENTIFY AND ARREST INDIVIDUALS WHO IMPORT NARCOTICS FROM OTHER STATES AND OTHER COMMUNITIES IN CONNECTICUT FOR DISTRIBUTION IN NEW HAVEN.

NEW HAVEN'S STREET CRIME NARCOTICS UNIT STING OPERATIONS

THE OBJECTIVE OF NEW HAVEN'S STING OPERATIONS IS TO DETER POTENTIAL NARCOTIC PURCHASERS AND TO DETER BLATANT STREET LEVEL SALES IN NEIGHBORHOODS IN WHICH THIS CONDITION HAS BEEN THE NUMBER ONE AREA OF CONCERN TO IT'S RESIDENTS. A FURTHER GOAL IS TO DETER NARCOTIC USERS WHO ARE NOT YET FULLY ADDICTED. THE STING OPERATIONS HAVE BEEN CONDUCTED APPROXIMATELY 22 TIMES WITHIN THE CITY OF NEW HAVEN AND HAVE RESULTED IN OVER 900 ARRESTS.

STRATEGY OF STINGS

PRIOR TO THIS OPERATION TAKING PLACE, MEMBERS OF THE STREET CRIME NARCOTICS UNIT GO DOOR TO DOOR ADVISING RESIDENTS OF OUR PRESENCE AND OUR INTENT. IN THE AREAS WHERE THERE IS A LARGE VOLUME OF STREET LEVEL NARCOTICS SALES, PLAIN CLOTHES OFFICERS MOVE IN AND CLEAR THE AREA OF STREET DEALERS, EITHER BY ARRESTS OR BY THE OFFICERS MERE PRESENCE. THESE STREET LEVEL DEALERS ARE THEN REPLACED WITH UNDERCOVER OFFICERS POSING AS DRUG DEALERS. THESE OFFICERS ARE FULLY WIRED FOR AUDIO TRANSMISSION AND THEIR ACTIONS DURING THE OPERATION ARE VIDEOTAPED. SUBSEQUENTLY, WHEN CUSTOMERS DRIVE UP TO THE POLICE OFFICER POSING AS A DRUG DEALER AND ASK HIM FOR NARCOTICS, HE SELLS THEM A LOOK A LIKE HARMLESS PRODUCT. AFTER THE EXCHANGE, THE INDIVIDUAL IS ARRESTED CRIMINAL ATTEMPT TO PURCHASE A NARCOTIC SUBSTANCE.

AT THE CONCLUSION OF THE OPERATION, MEMBERS OF THE UNIT POST FLIERS WHEREVER POSSIBLE WHICH GIVES WARNING TO ALL DRUG DEALERS AND BUYERS OF THE DEPARTMENT'S COMMITMENT TO ENFORCE THE NARCOTIC LAWS. IT ALSO GIVES A NARCOTICS HOT LINE NUMBER TO RESIDENTS AND SEEKS THEIR PARTICIPATION IN THE DEPARTMENT'S EFFORTS.

THROUGH THE COOPERATION OF THE NEW HAVEN FBI OFFICE AND THE U.S. ATTORNEY'S OFFICE, UNDER THE FEDERAL FORFEITURE PROGRAM, NEW HAVEN HAS SEIZED VEHICLES USED BY NARCOTIC PURCHASER'S DURING THE STING OPERATIONS.

TOTAL NUMBER OF VEHICLES SEIZED 9
TOTAL NUMBER OF VEHICLES PENDING 7

MEDIA

ONE OF THE MOST IMPORTANT ASPECTS OF THE STING OPERATIONS IS THE MEDIA FOLLOW UP. WE HAVE BEEN FORTUNATE TO HAVE OUTSTANDING COOPERATION FROM BOTH THE MEDIA WHEN CONDUCTING STING OPERATIONS. THE PRESS NORMALLY GIVES US FRONT PAGE COVERAGE AND LISTS THE NAMES AND ADDRESSES OF PERSONS ARRESTED FOR TRYING TO BUY NARCOTICS. THIS TYPE OF MEDIA COVERAGE HELPS PARENTS AND FAMILY MEMBERS REALIZE THAT THERE IS A PROBLEM WITH THEIR TEENAGE SONS OR DAUGHTERS. SEVERAL PARENTS HAVE CALLED THE STREET CRIME UNIT TO THANK US FOR ARRESTING THEIR KIDS. IT ALSO SENDS OUT A VERY STRONG WARNING THAT SERVES AS A DETERRENT TO OTHER POTENTIAL BUYERS.

PROSECUTION

THERE IS NEARLY A 100% CONVICTION RATE IN THE STINGS, DUE TO THE FACT THAT THE ARREST IS ON VIDEOTAPE AND IS DOCUMENTED IN THE ARRESTING OFFICER'S REPORT. FIRST TIME ARRESTEES RECEIVE ACCELERATED REHABILITATION AND PAY A FINE. TO DATE, ONLY FIVE PEOPLE HAVE BEEN ARRESTED IN MORE THAN ONE STING OPERATION.

NEW HAVEN STREET CRIME UNIT'S BUY BUST OPERATIONS

THE PURPOSE OF THE BUY BUST OPERATIONS ARE TO IDENTIFY AND ARREST STREET LEVEL DEALERS THROUGHOUT THE CITY. THESE BUY BUST OPERATIONS ARE NORMALLY CONDUCTED PRIOR TO A STING OPERATION. DURING THESE BUY BUST OPERATIONS, A CONTINGENT OF APPROXIMATELY 20 UNDERCOVER OFFICERS GO NEIGHBORHOOD TO NEIGHBORHOOD BUYING NARCOTICS FROM STREET LEVEL DEALERS WITH MARKED MONIES AND MAKING IMMEDIATE ARRESTS. THIS OPERATION HAS PROVEN ITSELF VERY SUCCESSFUL WITH CLOSE TO A 100% CONVICTION RATE.

VIDEO SURVEILLANCE OPERATIONS

DURING THE VIDEO SURVEILLANCE OPERATIONS, THE UNIT IDENTIFIES AND TARGETS A RESIDENCE FROM WHICH NARCOTICS ARE BLATANTLY SOLD. THE UNDERCOVER OFFICERS PLACE THEMSELVES IN VACANT HOMES OR SURVEILLANCE TYPE VANS AND EQUIP THEMSELVES WITH VIDEO CAMERAS IN ORDER TO MONITOR THE ACTIVITY COMING IN AND OUT OF THAT LOCATION. THROUGH THIS TYPE OF SURVEILLANCE, WHICH CAN TAKE UP TO TWO DAYS, WE HAVE BEEN ABLE TO IDENTIFY BUYERS, THE KEY PLAYERS INVOLVED IN OPERATIONS, DELIVERY TIMES, AND METHODS USED. ALSO DURING THESE SURVEILLANCES, UNDERCOVER NARCOTICS OFFICERS ARE SENT INTO THE AREA TO PURCHASE NARCOTICS AND CONFIRM THE RECORDED ACTIVITY.

ONCE THE VIDEO SURVEILLANCE IS COMPLETED, THE UNIT AS A WHOLE MAKES EVERY EFFORT TO IDENTIFY THE PERSONS VIDEOTAPED, ARRESTS ARE THEN APPLIED FOR AND SEARCH WARRANTS ARE EXECUTED FOR THE PREMISES.

THESE TYPES OF OPERATIONS HAVE BEEN PROVEN SUCCESSFUL, ALTHOUGH THEY ARE AT TIMES COSTLY AND LENGTHLY. AGAIN, BECAUSE OF THE PREPONDERANCE OF EVIDENCE, CONVICTIONS ARE ALMOST GUARANTEED.

SEARCH AND SEIZURE WARRANTS

THE UNIT PUTS HEAVY EMPHASIS INTO IDENTIFYING HOMES FROM WHICH THE NARCOTICS ARE BEING SOLD OR KEPT, PARTICULARLY THROUGH THE USE OF PAID INFORMANTS. THE UNIT FOR EXAMPLE HAS EXECUTED OVER 70 SEARCH WARRANTS THIS YEAR ALONE.

STATISTICS FOR THE STREET CRIME UNIT GOING BACK TO 1987

YEAR	NARCOTIC ARRESTS	SEARCH WARRANTS	STINGS	WEAPONS SEIZED
1987	837	98	98	75
1988	1951	89	19	127
1989 (AS OF APRIL 30)	874	70	3	31

STREET VALUE OF NARCOTICS SEIZED IN 1988 BY STREET CRIME UNIT/NARCOTIC TASK FORCE:

A.	COCAINE	$793,210.00
B.	HEROIN	$ 34,360.00
C.	MARAJUANA	$ 33,715.00
	TOTAL	$861,285.00

STREET VALUE OF NARCOTICS SEIZED BY THE STREET CRIME UNIT FROM 1-1-89 THROUGH 3-31-89: $463,765.00.

AMOUNT OF MONEY SEIZED IN 1988 BY THE STREET CRIME UNIT FROM SEARCH WARRANTS, ON ARRESTEES, ETC.: $235,170.00.

THE UNITS FEDERAL FORFEITURE ACTIVITY

THROUGH THE COOPERATION OF THE DRUG ENFORCEMENT ADMINISTRATION, THE FEDERAL BUREAU OF INVESTIGATION AND THE U.S. ATTORNEY'S OFFICE, THE NEW HAVEN POLICE DEPARTMENT HAS BEEN VERY SUCCESSFUL IN SEIZING MONIES AND PROPERTIES FROM NARCOTIC TRAFFICKERS.

A. FROM 1986 TO PRESENT, TOTAL VALUE OF PROPERTY AND MONEY SEIZED UNDER THE FEDERAL FORFEITURE ACT: $255,000.00
B. NUMBER OF VEHICLES SEIZED UNDER THE FEDERAL FORFEITURE ACT: 9, WITH 7 PENDING.
C. NUMBER OF PRIVATE DWELLINGS SEIZED UNDER THE FEDERAL FORFEITURE ACT: 2, STILL PENDING.

WHEN A NARCOTICS ARREST IS MADE, THE NEW HAVEN POLICE DEPARTMENT, IN APPROPRIATE CASES, ASKS THE FEDERAL GOVERNMENT TO "ADOPT" THE SEIZURE AND FORFEITURE OF MONEY, VEHICLES, OR OTHER PROPERTY AS ITS OWN. THE NEW HAVEN POLICE DEPARTMENT THEN RECEIVES 90% OF THE SEIZED MONEY TO USE FOR FURTHER NARCOTIC ENFORCEMENT. THE FEDERAL GOVERNMENT RETAINS 10% FOR ADMINISTRATION.

THESE FUNDS HAVE ALLOWED THE DEPARTMENT TO PURCHASE NECESSARY EQUIPMENT TO FURTHER AND ENHANCE OUR EFFORTS OF SUPPRESSING THE DRUG PROBLEM. FOR EXAMPLE, WITH THE USE OF THESE FUNDS, ALL MEMBERS OF THE STREET CRIME NARCOTICS UNIT WERE ISSUED TWO TYPES OF BULLET PROOF VESTS. ONE FOR USE DURING EXECUTION OF SEARCH AND SEIZURE WARRANTS. THIS PARTICULAR VEST IS OF HIGH QUALITY WITH THE BEST STOPPING CAPABILITY AVAILABLE TODAY. THE SECOND VEST ISSUED IS A LIGHT WEIGHT MORE PRACTICAL VEST TO BE WORN ON A DAILY BASIS. THE UNIT HAS ALSO USED FORFEITED FUNDS TO RENT CARS FOR USE DURING IT'S UNDERCOVER NARCOTICS OPERATION. COMMUNICATION EQUIPMENT FOR UNDERCOVER OPERATIONS, SURVEILLANCE EQUIPMENT, AND CERTAIN UNDERCOVER OPERATIONS HAVE BEEN FINANCED WITH FORFEITED FUNDS.

THE NEW HAVEN POLICE DEPARTMENT, OVER THE LAST TWO YEARS, SINCE I HAVE BEEN THE SUPERVISOR OF THE STREET CRIME NARCOTICS TASK FORCE, I'VE NOTICED THAT MOST OF THE PEOPLE WE ARE ARRESTING ARE REPEATED OFFENDERS, AND I WILL ESTIMATE THIS AT A RATE OF 75% OF THOSE ARRESTED. FOR EXAMPLE, BELOW ARE FOUR INDIVIDUALS AND A SHORT HISTORY OF EACH ONE TO HIGHLIGHT THAT POINT.

JOHN CRESENTI- ARRESTED TWICE BY THE STREET CRIME UNIT, FIRST ON JANUARY 3, 1987, IN WHICH HIS VEHICLE WAS ALSO SEIZED, AGAIN ON AUGUST 5, 1988, AFTER BEING IDENTIFIED AS A SUPPLIER OF COCAINE AND HE AT THAT TIME WAS FOUND WITH OVER A KILO OF COCAINE. TO THIS DATE HE HAS NOT BEEN SENTENCED AND IN FACT HAS BEEN ARRESTED IN SURROUNDING TOWNS FOR WEAPONS VIOLATIONS AND OTHER FELONY TYPE INCIDENTS. JOHN CRESENTI STILL REMAINS ON THE STREETS BREAKING THE LAW AND SUSPECTED OF DEALING IN COCAINE.

TERRANCE JONES- ARRESTED FOR EITHER SELLING OR IN THE POSSESSION OF NARCOTICS ON THE FOLLOWING DATES; FEBRUARY 20, 1987, MARCH 28, 1987, JUNE 24, 1987, AND NOVEMBER 18, 1988. THE STATUS OF ALL HIS CASES, STILL PENDING.

MILTON JOHNSON- HE WAS ARRESTED FOR EITHER SELLING OR THE POSSESSION OF NARCOTICS ON THE FOLLOWING DATES; APRIL 10, 1987, MAY 27, 1987, OCTOBER 12, 1987, AND JANUARY 13, 1989. MILTON STILL IS OUT AND MORE THAN LIKELY WILL BE ARRESTED SEVERAL MORE TIMES BEFORE HE GETS TO DO 10% OF HIS SENTENCE.

JOSE ALBARON- HE'S BEEN ARRESTED FOR EITHER SELLING OR IN THE POSSESSION OF NARCOTICS ON THE FOLLOWING DATES; FEBRUARY 26, 1987, MARCH 6, 1987, MARCH 11, 1987, AND APRIL 15, 1987. UPDATED STATUS ON ALBARON WAS NOT AVAILABLE AT THE TIME OF THIS WRITING.

ONE FAMILY IN ONE OF THE VOTING SECTORS IN OUR CITY, WHICH WE CALL THE HILL, WAS ACTIVELY INVOLVED IN THE SELLING OF NARCOTICS FROM THEIR HOME, THE WHOLE FAMILY WAS INVOLVED. THEY ARE AS FOLLOWS;

MINNIE READ- MOTHER, SINGLE PARENT, HEAD OF HOUSEHOLD. SHE WAS ARRESTED ON 4-12-87, 6-12-87, AND 1-13-88.

SOLOMEN READ - ARRESTED ON 4-17-87, 6-12-87, 11-7-87, 7-12-88, AND 8-5-88.

ALBERT READ- ARRESTED ON 4-17-87, 5-6-87, 7-6-87, 8-4-87, 11-20-87, AND 1-13-88.

THE READ FAMILY WAS INVOLVED IN A COCAINE BUSINESS FROM THE FRONT PORCH OF THEIR HOME. THEY WERE ALSO DEALING FROM A WINDOW THAT WAS LOCATED ON THE FRONT PORCH, AND THEIR TRADE WAS BUSIER THAN THAT OF MCDONALD'S DRIVE-UP WINDOW. THEY FINALLY SLOWED DOWN, WHEN MINNIE READ, THE MOTHER, DIED OF AIDS.

ONE FINAL EXAMPLE OF THE LACK OF DETERRANCE, AS IT APPLIES TO INCARCERATION IS THE ADDRESS OF 208-210 PINE STREET IN THE CITY OF NEW HAVEN, IN THE FAIR HAVEN SECTION OF THE CITY. THIS PARTICULAR HOUSE WAS THE COMPLAINT OF MANY RESIDENTS IN THAT NEIGHBORHOOD FOR OVER THE LAST TWO YEARS. THE STREET CRIME UNIT EXECUTED SEARCH WARRANTS AT THIS ADDRESS, KNOCKING DOWN THEIR DOORS AND SEIZING EVIDENCE AND MAKING ARRESTS ON THE FOLLOWING DATES; 9-21-88, 10-26-88, 12-7-88, 1-6-89, 1-20-89, FINALLY THE OPERATION CLOSED DOWN, BUT NOT BEFORE THE RESPONSIBLE PERSON DIED OF A DRUG OVERDOSE.

THE PROBLEM WITH DETERRANCE IN REGARDS TO THE ARREST FACTOR CAN ALL BE PIN POINTED DOWN TO OVER CROWDING IN THE STATES PRISON SYSTEM. I HAVE MET NUMEROUS TIMES WITH MEMBERS OF THE COMMUNITY AND STAFF FROM THE CORRECTIONS DEPARTMENT WHO ARE CRYING FOR MORE SPACE. ON THE OTHER HAND, COMMUNITIES DO NOT WANT PRISONS BUILT IN THEIR BACKYARD. THIS OVER CROWDING PLACES A GREATER BURDEN ON THE COURTS AND IT'S JUDGES WHEN SENTENCING PEOPLE AND THEREFORE, ONLY A FRACTION OF THOSE ARRESTED ARE ACTUALLY SENTENCED, AND THEN ONLY THOSE SERVE 10%.

THIS LACK OF DETERRANCE OR PUNISHMENT THAT MIGHT HAVE AN EFFECT ON YOUTHS OF TODAY THINKING TWICE ABOUT GOING INTO THE ILLEGAL DRUG TRAFFICKING, IS NON EXISTENT. BEING ON THE STREETS OF NEW HAVEN ON A DAY TO DAY BASIS AND BEING IN CONTACT WITH THE CRIMINAL ELEMENT INVOLVED IN ILLEGAL NARCOTICS TRAFFICKING, I HAVE LEARNED THAT NARCOTICS DEALERS VIEW PRISON TIME AS VACATION TIME, A REST FROM THE EVERY DAY ROUTINE. A REST WHICH THEY CAN EASILY MAKE UP FINANCIALLY ONCE THEY RETURN TO THE STREETS.

AN EFFECT OF OVERCROWDING AND THE SHORT PRISON TERMS THAT IT CAUSES IS NOTICEABLE IN THE COMMUNITIES WHEN CITIZENS DO NOT WANT TO PARTICIPATE IN THE OVERALL ENFORCEMENT EFFORT. THEY ARE IN FEAR OF CALLING THE POLICE WHEN VIEWING CERTAIN CRIMES, FOR THEY KNOW THAT THE NEXT DAY THAT PERSON THAT GOT ARRESTED BECAUSE OF THIER CALL WOULD BE BACK ON THE STREETS AND THEIR LIVES WOULD BE IN JEOPARDY.

FINANCIAL SETBACKS

ENFORCEMENT OF DRUG LAWS AND SUPPRESSION OF NARCOTICS ACTIVITY WITHIN THE CITIES HAS TO BE ONE OF THE MOST EXPENSIVE, IF NOT THE MOST EXPENSIVE, ITEMS ANY MUNICIPAL POLICE DEPARTMENT IS FACING. THE DRUG DEALERS OF TODAY HAVE AN UNLIMITED AMOUNT OF RESOURCES AND MONIES TO CARRY OUT THEIR ILLEGAL NARCOTIC TRADE. THE DRUG DEALERS OF TODAY ARE CONSTANTLY UPDATING THEIR EQUIPMENT TO OUT SMART LAW ENFORCEMENT AGENCIES. VIRTUALLY EVERY DRUG DEALER IN NEW HAVEN DOING BUSINESS, USES MOBILE PHONES, BEEPER PAGER SYSTEMS, AND PRIVATE TWO WAY RADIOS TO ENABLE THEM TO CONDUCT THEIR DRUG SALES.

THIS HIGH TECH CRIMINAL ELEMENT CREATES A PROBLEM FOR THE POLICE DEPARTMENT, DUE TO IT'S LACK OF FINANCIAL RESOURCES. POLICE DEPARTMENTS INVOLVED IN THE DRUG WAR NEED TO RENT UNDERCOVER VEHICLES ALMOST EVERY DAY AND NEED TO UPGRADE THEIR EQUIPMENT SO AS TO BE ABLE TO DETECT AND APPREHEND THE CRIMINAL ELEMENT. DRUGS IN OUR COMMUNITY IS A 24 HOURS BUSINESS AND POLICE CAN NOT MAKE ANY SIGNIFICANT IMPACT BASED ON EIGHT HOUR SHIFTS. THIS FACTOR PUTS A BURDEN ON POLICE OVER TIME BUDGETS ON CITIES THAT ARE ALREADY DRAINED FINANCIALLY.

IN NEW HAVEN ALONE FOR THE SMALL SIZE OF IT'S POLICE DEPARTMENT, WE HAVE AT TIMES SPENT UP TO $20,000 A DAY IN OVERTIME TO SUPPRESS ILLGAL NARCOTICS TRAFFICKING IN VARIOUS SECTORS OF THE CITY.

NEW HAVEN AND OTHER MAJOR CITIES ARE IN DIRE NEED OF FINANCIAL ASSISTANCE, BOTH FROM THE FEDERAL AND THE STATE GOVERNMENTS. FEDERAL MONIES WHICH ARE ALLOCATED FOR LAW ENFORCEMENT TO COMBAT DRUGS, SHOULD BE DELIGATED DIRECTLY TO MUNICIPALITIES, NOT TO ENCOURAGE NEW ENFORCEMENT PROGRAMS BUT TO FINANCE PRESENT ENFORCEMENT EFFORTS. IT IS MY BELIEF THAT NEW HAVEN IS DOING EVERYTHING POSSIBLE TO FIGHT NARCOTICS ON THE STREETS.

HAVING HAD EXPERIENCE WITH FEDERAL GRANTS, IT SEEMS THAT YOU CAN ONLY OBTAIN THOSE GRANTS FOR NEW INITIATIVES. IT WOULD BE BENEFICIAL TO THE TAX PAYERS OF THE CITY IF MONIES AVAILABLE THROUGH GRANTS WERE GIVEN TO THE CITIES TO HELP OFFSET THE COST OF NARCOTICS ENFORCEMENT. I RECOMMEND THAT A FORMULA FOR THESE GRANTS SHOULD BE DEVELOPED. THAT A CITY WOULD GET BACK A PERCENTAGE OF THAT WHICH IT HAS ALREADY SPENT ON NARCOTICS ENFORCEMENT. THIS TYPE OF PROGRAM WOULD ELLIVIATE THE FINANCIAL BURDEN ON THE TAX PAYER.

BEING THE SUPERVISOR IN CHARGE OF THE STREET CRIME NARCOTICS UNIT FOR NEW HAVEN, I'VE HAD THE OCCASION TO MEET WITH SEVERAL OF THE SURROUNDING POLICE CHIEFS AND THEIR NARCOTICS UNIT AND ONE OF THE MAJOR CONCERNS AT THIS POINT IS THE TERMINATION OF THE ADOPTED SEIZURES UNDER THE FEDERAL FORFEITURE PROGRAM. AS STATED EARLIER, THE FEDERAL FORFEITURE PROGRAM HAS BEEN AN ASSET TO LOCAL MUNICIPALITIES AND SHOULD THE FEDERAL GOVERNMENT SEIZE TO ACCEPT ADOPTED SEIZURES, ONLY THE CRIMINAL ELEMENT WOULD BENEFIT. THE LOCAL LAW ENFORCEMENT OFFICERS AND THE DEPARTMENTS WILL ONCE AGAIN BE SET BACK IN THE EFFORTS.

TESTIMONY
BY
LARRY R. MEACHUM, COMMISSIONER
DEPARTMENT OF CORRECTION
TUESDAY, MAY 30, 1989

Thank you Senator Lieberman for the opportunity to speak to your committee on the subject of crime and drugs.

The link between crime and substance abuse is beyond question. The Hartford Police Department estimates that approximately 90 percent of all crimes are related to drugs. This link has also been recognized since the earliest days of the concept of criminal justice. In early America, the crime of drunkenness was among the most common of offenses. It was viewed as a crime not only because it clashed with colonial America's view of morality, but also because of the actions and behaviors that resulted in an intoxicated state.

While the argument can be made that in 200 years we have come a long way in decriminalizing alcoholism, in a very real sense we are struggling with the same problem today that colonial America was struggling with then. Indeed, looking at behavior and the criminal justice response over the past 200 years, a reasonable conclusion is that there have been numerous noble attempts to correct, address, punish, or otherwise prevent criminal behavior due to substance abuse and yet the problem remains.

The history of American correction is replete with well-intentioned

attempts to change and mold the offender's behavior; from corporal punishment such as flogging to public humiliation through the use of stocks on the town green. Even the concept of correction, which traces its history back less than 200 years with the creation of the Walnut Street Jail in Philadelphia, has gone through many changes and "refinements." In chronological order, these experiments and refinements reflected confinement for punishment, then confinement for religious conversion in a penitentiary, to confinement for reformation through hard work in a reformatory, to confinement for treatment in a correctional facility. Today we have come full circle with the implementation around the country of the "justice model." We now are back to confinement as punishment.

If the problem and our inability to address the problem hasn't changed then what has happened to bring crime and drugs to the forefront of the nation's consciousness. I submit that what has changed about the drug problem in recent years is more its location than its scope, and it is our response to crime rather than the incidences of crime which is driving the rise in police, court, and correction activity. Allow me to explain my position by making a few observations.

To begin with, alcohol as a socially acceptable drug is used and has been used by all elements of our society. Drugs, however, as socially unacceptable intoxicants have historically been found among America's inner city poor. During the 1960s the historical patterns of abuse began to shift, prompting public scrutiny and debate. The use of drugs, both old and new varieties, began to make their way onto college campuses

and suburban America; and suddenly, America identified a "drug problem." America's concern with the drug problem is proportional to the extent to which it has spread out of the inner city.

An interesting corollary to this observation is the problem that the American public has been having over the past 25 years with the concept of alcohol abuse. America is still struggling with trying to rationalize the distinctions between alcohol abuse and drug abuse. I suggest that this struggle is directly related to America's perception of itself versus its stereotype of substance abusers.

By the very nature of America's national personality, once there is an acceptance of a problem, we are compelled to find solutions. It is, perhaps, because we are so eager to solve problems that we oftentimes are most attracted to the simple answers. Unfortunately, if you accept that the problems of substance abuse are related to culture, class, and poverty, it is apparent that there are no short and easy solutions. But as Americans, we must prevail and so we implement solutions with or without logic that would tie our solutions to the cause of the problems. In this regard we have tremendously increased police enforcement. For example, on a national level, the number of drug abuse arrests has increased by 37 percent between 1983 and 1987. In Connecticut the percent increase over that same period was 75 percent. If an eight-year period is examined, from 1980 to 1988, the number of substance abuse arrests has increased by a phenomenal 271 percent. The results of all this enforcement activity have been at least twofold. First, it is convincing the public that the scope of the drug problem

is increasing at a rapid pace; and, therefore, it is also increasing in a self-perpetuating fashion, the amount of support being given to increased law enforcement activities. Secondly, this policy is clogging the court system and the corrections system and dramatically compromising the integrity of the entire criminal justice system.

For the correction system in Connecticut the result has been a dramatic increase in the number of people incarcerated. In 1986 the total committed population was under 7,000 offenders. By December 31, 1988, the population was in excess of 10,000. In 1987 there was an 11 percent increase in the committed population and 1988 saw an unprecedented 35 percent increase. During 1986 there were 31,000 inmate admissions to the Department of Correction and by 1988 that number had increased by over 10,000 to a total of 41,000. This represented a 33 percent increase over the two-year period. Although the increase in the confined inmate population cannot be attributed to a single factor, without question, the law enforcement agencies war on drugs and the resulting arrests have played a major role in the dramatic increase. Between 1986 and 1988, the number of commitments for possession of narcotics increased by 97 percent; from 2,489 in 1986 to 4,895 during 1988. The sale of narcotics showed a similar trend, increasing from 1,615 to 3,163; a 96 percent increase.

The increasing number of inmates, both in Connecticut and nationwide, has resulted in an increased level of activity both by our federal courts

and the state legislature. With conditions of confinement affected by overcrowding, class action suits have resulted in the federal courts establishing population limits on a number of our facilities. In addition, Connecticut has, as a safeguard, an emergency release statute which mandates the release of 10 percent of the confined population if the number of inmates exceeds 110 percent of the established capacity for a period in excess of 30 days. In response to these pressures, the Department has aggressively pursued community placements for inmates capable of being monitored by supervision in the community. The most widely used program is known in Connecticut as Supervised Home Release. In this program, inmates who have served a minimum of 10 percent of their sentence and meet a number of criteria all reflecting their ability to comply with the rules and regulations of community supervision are released to the community to be supervised by a parole officer. The amount of supervision required is assessed on an individual basis and ranges from electronic monitoring programs to home and office visits, to urine sampling and family and employment contacts. As a primary device to avoid the emergency release of inmates, this program has gone from 472 inmates on SHR on December 31, 1986, to 3,368 inmates on May 1, 1989; representing an increase of 609 percent.

Fortunately for Connecticut, policy makers recognized early that the dimensions of overcrowding went well beyond the power and authority of any one agency. The Prison and Jail Overcrowding Commission, the Governor's Office, Legislative leaders as well as other state agencies

have all worked closely with the Department of Correction in a collective effort to address the whole of this problem and not simply respond with the "simple answers." As a result, a number of initiatives have been implemented in recent years; these have included the expansion of community programs such as halfway houses, substance abuse programs, and offender aftercare programs. In addition, resources and programs to support the Bail Commissioner's office as well as the Office of Adult Probation have been developed through multi-agency support and have contributed significantly to handling the increased number of offenders. One of the most noteworthy and effective programs has been the Alternative Incarceration Center concept. AICs are operated in a variety of communities by private, nonprofit agencies whose staff identifies pretrial inmates unable to post bond but who do not pose a significant risk to the community. Staff work closely with the courts to develop a release program of services and supervision thereby allowing individuals who wouldn't have been released to be released on their own recognizance.

The most obvious and most expensive response to the increased numbers is prison and jail construction. Connecticut has authorized over five hundred million dollars for prison and jail construction. This money will put on line over 5,000 beds by the end of 1992. While most of these beds represent new construction, Connecticut is aggressively identifying and renovating vacant or underutilized space that had been under the control of agencies other than the Department of Correction. For example, a National Guard camp is presently housing 100 driving while intoxicated (DWI) offenders, while state hospitals in Middletown

and Fairfield are sites for a second DWI facility and a substance abuse facility. Buildings on the grounds of a training school for the mentally retarded will be converted to house an additional 350 offenders.

While Connecticut may be known as the land of steady habits, its prison and jail construction program represents one of the most creative and inventive programs in the country. In the face of widespread community opposition to siting of correctional facilities, state government has prevailed through its openness, its determination and its willingness to recognize and negotiate with towns and cities the actual impacts of these facilities. In addition, Connecticut has made use of numerous devices to get space on line as quickly as possible. Examples include: -- Leased space in the form of modular dormitory and program units.

-- The design of prototype additions that could be site adapted at various facilities.

-- The use of pre-engineered buildings.

-- The use of air structures for recreation and dining space.

Unfortunately, even with the most creative and efficient methodologies available, construction of new space cannot keep pace with the growth trend in the inmate population. At the present time our total inmate population both confined and supervised is 12,714. The most recent projections indicate that by December of 1990, this number will be over 20,000; and by 1992 when all of our construction is to be completed, the population is projected to be 23,689.

The problems of drugs and crime in Connecticut are being addressed. The real challenge for policy makers is to avoid falling victim to unrealistic demands and expectations, and responding by eagerly reaching for the simple answers. For example, national and Connecticut studies have shown that treatment for substance abusers is effective. Indeed, many studies have indicated that it is more effective than just punishment alone. While treatment may be less expensive than confinement, the public demands and expects sanctions for criminal behavior. The obvious resolution is to provide treatment services within a correctional setting. The conflict arises with the numbers growing at the present rate, just finding living space becomes a priority. Clearly, treatment programs have suffered from overcrowding both from the loss of space and in the competition for resources.

By contrast, an example of eager pursuit of the simple answer is found in the current interest in shock incarceration, often called boot camp type programs. These programs appear to provide an attractive and economical alternative to incarceration. Having started the nation's first such program in Oklahoma, I am now pursuaded that they are far better public relations than they are sound correction policy. To quote a March 1988 National Institute of Justice report on criminal justice strategies for dealing with drug offenders "intervention programs based on deterence models (e.g. "Scared Straight") have shown very limited effects and have been associated with increased offending."

Public education is vital to the development of successful strategies. The media bombards us daily with examples of failures of the criminal justice system. The effectiveness of the Willie Horton case in the last national political campaign was very revealing as a poll of the national sentiment. The public and policy makers need to hear that drugs and crime will not disappear with one new strategy anymore than homelessness, poverty or illiteracy will disappear with some new drug. The difference in the battle to fight poverty as opposed to the battle to fight crime is that the war on poverty is fought in homes, in offices, and in schools, places generally invisible to the public. The battle to fight crime is waged on the streets of our cities and towns. It's waged on the front pages of our daily newspapers. It's waged behind the fortress-like facades of our prisons and jails. It is a visible war waged by uniformed officers under the watchful eye of the media and the public. While it is very difficult to develop and maintain good public policy in this fishbowl atmosphere, it is essential that we continue our initiatives on all fronts. It is essential that we continue to develop correctional facilities in response to the ever increasing number of criminal offenders, that we continue to aggressively pursue all initiatives including treatment, incarceration, and education in the hopes of impacting this problem over time.

Testimony of Geraldine Bryant, M.A.
Clinical Director
Orchard Street Methadone Clinic
APT Foundation
301 Orchard Street, New Haven, CT 06511

Chemical dependency is a disease which knows no social, economic, or racial boundaries. The substance abuse epidemic faced by our nation splits families, shatters dreams, enslaves and often kills its victims. It tears at the very fabric of our society. There is no vaccine to guard against substance abuse. Nor do the experts have any easy solution (s) to combat the problem. In fact, there tend to be far more questions than answers. The best method of presenting the spread of this disease is through education on a community wide level to raise the nation's consciousness around the problem in hopes of changing attitudes towards chemical dependency.

For those individuals already enslaved by drug addiction, adequate treatment must be available at time of request by those who need it. Treatment must be aimed at 1) helping addicts change their addictive lifestyle to include becoming totally abstinent from all addictive substances and 2) assisting in helping them gain a new and healty insight into maintaining sobriety. Treatment is not aimed (as some may think) at making a "bad person" good; the goal should be to take an ill person and make him/her well and a functional part of society. Since the entire family is affected, treatment must be available for families of substance abusers as well as the identified client.

Substance abuse treatment under the auspices of the APT Foundation in New haven takes many forms, i.e. outpatient drug

Testimony of Jeraldine Bryant:

free, residential, group therapy, individual therapy, Naltrexone, Cocaine treatment as well as Methadone Maintenance. No one type of treatment is suited for everyone. Treatment varies for different people, depending upon their drug history and individual needs.

As the Clinical Director of the largest (280 clients) outpatient Methadone Maintenance Treatment Program in New Haven, I am faced with the unpleasant task of telling addicts, parents and significant others that there is a two to four month wait for entry into the Methadone Program. It is especially difficult since I am knowledgeable of the fact that addicts tend to seek drug treatment when there is a personal crisis in their lives or when family/legal pressures are in effect.

Although Methadone Maintenance treatment remains a very controversial subject, the facts show that this type of Program is effective in retaining addicts in treatment. The average stay in my Program is 5.5 years. Methadone Maintenance is designed for the opiate-addict who has failed at other kinds of drug treatment attempts and is directed in New Haven at treating addicts who are 21 years old or older.

The characteristics as well as the racial status of individuals seeking Methadone treatment in New Haven as well as in the entire State of connecticut has changed drastically in the past ten years. Contrary to the 1960's and '70's when the majority of addicts in Methadone Treatment were inner-city poor

Testimony of Jeraldine Bryant:

blacks, currently, the majority are from white, lower to middle-class families. The average age has changed from 26.5 to 23.5 which clearly indicates that individuals are becoming addicted and are in need of treatment at an earlier age. Currently, at the Orchard Street clinic, 70% of the client population are white while 29% are black and 1% Hispanic. The results of a survey of black addicts in the New Haven community clearly implies that the waiting list is a major deterrent to Blacks seeking treatment. When they call the Intake Unit to inquire about admission and are told there is a waiting period, for the most part, they tend to not follow through. Since there is also an admission fee for treatment it is often very difficult for the street addict to save enough money to satisfy the required amount for admission. This is due to the fact that all of their money goes to buy more drugs. The majority of Black street addicts are unemployed, unskilled, and not on any public assistance programs.

It is almost impossible to talk about IV drug users without mentioning the deadly disease AIDS. Since AIDS has become prevalent among the population of people we treat at the Orchard Street Clinic, Staff are required to do more than usual drug counseling. They are required to be knowledgeable on the subject of the Human Immundeficiency Virus (HIV) and the medical, social and psychological problems associated with the disease. Contrary to what many people may think, an array of services, i.e. individuals or group counseling, family counseling, advocacy work, vocational and educational services

Testimony of Jeraldine Bryant:

are provided at our Methadone Program in addition to giving the client a daily dose of Methadone.

One of the major obstacles Programs like the Orchard Street Clinic is faced with is adequate funding to sufficiently treat those who need and desire drug treatment. There is need for full-funded slots that will enable the indigent, poor people to enter treatment. Another obstacle is finding suitable facilities to house such Programs. Communities as a whole tend to have strong opposition to having programs in their neighborhood. The Orchard Street Clinic met with a lot of opposition while attempting to relocate to our present site. It took more than one and a half years and many community meetings before we were were permitted to move into our current building.

In conclusion, the Federal Government, State and Local Government must take an active part in fighting the drug problem and in assisting drug Programs in finding suitable sites for Programs and to provide more adequate funding so adequate treatment (not just Methadone) can be available upon demand. The community in general must also bear some responsibility for generating appropriate treatment facilities since the drug problem is not only a problem for treatment modalities but for the community in general.

A Statement Before the Subcommittee on General Services,
Federalism and the District of Columbia
New Haven, Connecticut
May 30, 1989

by

Leonard A. Kenowitz, Ph.D.
Executive Director
VITAM CENTER, INC.
Norwalk, CT

Good Morning. My name is Leonard Kenowitz and I am the Executive Director of VITAM CENTER, a residential treatment center for adolescent boys and girls located in Norwalk, Connecticut. VITAM CENTER has been meeting the treatment needs of teenagers since 1969 and has specialized its services in the area of long-term drug and alcohol abuse rehabilitation.

I am pleased to have the opportunity to speak at this hearing and will focus my remarks on four major areas. Please remember that my testimony is confined to the issues of providing substance abuse treatment to teenagers, and does not address issues of prevention, law enforcement or the problems of substance abuse in the adult population.

Single Agency Coordination of Substance Abuse Services

Currently, in the State of Connecticut, there are no less than five state agencies responsible for providing treatment services to adolescents. Unfortunately, no single state agency has been designated as the lead agency. This confusing bureaucracy and lack of leadership designation has a severe impact on the allocation, availability and quality of substance abuse services. While there is availability of private hospital beds for those with private insurance, services for the middle class and the indigent are much more problemmatic. I offer you the following examples.

1. There are no uniform licensing/regulatory regulations for adolescent treatment centers. Currently, an agency may be licensed by

the Department of Children and Youth Services (DCYS) or the Department of Health Services (DHS) or both. This results in fractioned services and multiple accountability that is not coordinated.

2. There are no specifically designated civil committment/placement procedures for adolescents. DCYS has none, and a child with a substance abuse problem may be considered for any one of four placement/committment options. Consequently, an average placement latency is 4-6 months. This is hardly an acceptable time response.

3. The provision of services to 16 and 17-year-old substance abusers is at risk. The Connecticut Drug and Alcohol Commission (CADAC) is no longer responsible for 16-17-year-olds. This leaves this age group at risk, since the current State priority is for services designated for the 12-15-year-olds.

4. Since there is no specifically designated substance abuse placement/committment track for 12-15-year-olds, treatment dollars are allocated within general mental health categories. Consequently, as is currently being evidenced in Connecticut, when there are severe budgetary limitations, there is no protection for adolescent substance abuse treatment. The funds can be lost among other mental health services. At the present time in Connecticut, there are 27 short-term substance abuse programs; 15 of these are currently in operation, and the other 12 are still being negotiated.

The overall result of this lack of single state agency leadership has resulted in service gaps by ages, service gaps by diagnostic categories, fractionated advocacy for funds and a system that takes months to respond.

Community Toxicity Contributes to Recidivism

Providing substance abuse treatment to adolescents is often frustrating due to one major factor: the return of clients/patients to the same toxic environment that reinforced drug use to begin with. While middle and upper class clients have a better chance to avoid and resist prior temptations, poor inner-city youngsters find it almost impossible to return home and maintain a drug-free life style. This is singularly attributable to the toxic concentration of drugs, drug dealers, and crime in many of Connecticut's larger cities. Because of this toxicity, a client who has completed treatment and is currently drug-free must face the onslaught of overt drug deals when walking to and from school, when in school, when walking to work, in the halls of apartment buildings, etc. This concentration of drugs/dealers/crime results in the high recidivism rate among these youngsters. If we are to give our young inner-city population even a modest opportunity to live a drug-free life style, and if we are to maximize the impact of our treatment dollars, we must address this problem: either we must eliminate the concentration of drugs in all residential neighborhoods, or clients must be allowed to live elsewhere during their impressionable teenage years, or clients must be armed with effective ammunition such as a high school diploma, money, appropriate residential arrangements suited to their age, and a decent paying job when they are released from residential treatment to community living.

Financial Seduction

The simple fact of the matter is that, to an immature teenager, a drug-free life style, a $5 an hour job, going to school, and being involved in positive family systems cannot compete with the enormous amounts of money, the cars, the "respect", and the independence that can come with a life style of using and selling drugs. I know teenagers who can make thousands of dollars in a very short time dealing drugs. With this money they are able to buy all the

things that all teenagers want - clothes, cars, jewelry, hotel rooms, limousine rides to Manhattan, etc. In many cases teenage drug dealers give money to their parents to help defray family medical, housing, and food expenses. Since a young black male has a better chance of going to jail than to college; since a majority of inner-city teenagers do not view their future with any long-term hope for a good job, job training or college; since high school drop-out rates are high; why not turn to the most advantageous economic opoortunity available to inner-city youngsters - dealing drugs! The profits are so staggering for even the 13-year-old, nickel-bag dealer that the less tangible benefits of a drug-free life style cannot compete. The old shibboleth of providing economic/ employment opportunities as a competitor to dealing drugs is singularly significant if we are to make a difference.

Legal Consequences

Typically in Connecticut, time in jail and conditions of probation are much less stringent than drug and alcohol abuse treatment options. Many young people would rather face the adolescent criminal justice system than the adolescent treatment system simply for one reason - the amount of time involved. Bed space for the delinquent child under 16 is only available for the most severe/ dangerous clients; and it is only available for a limited time. Since substance abuse treatment typically requires ten months, and a jail option may only require serving 10% of a sentence, why choose treatment? Adolescents take the path of least resistance and in this case the less time served the better. Even if a young person is sentenced to 5 years in jail, which is a very extreme sentence, 10% of time required would be only 6 months. This is certainly less than treatment time. Jail time in correctional facilities is a limited deterrent to teenagers when faced with a treatment option.

In addition, many youngsters abort or curtail their own treatment by leaving treatment prematurely. They do this knowing full well that if they go to treatment for 3-6 months and have to reappear in court, in most cases they will only have to serve out the conditions of their probation. This sets them free to walk the streets again.

I am thankful for the opportunity to address the Committee and for your continued interest in the problems of drug and alcohol abuse among teenagers. Only if continually focus our energy, resources and imagination on these problems, can we hope to continue to make a difference.

CROSSROADS, INC.
A Bilingual Program for Drug Rehabilitation
Serving the Total Person
48 Howe Street, New Haven, CT 06511
Men's House: (203) 865-3541
Miguel Laguna, *Executive Director*
Grace Ford, *Director of Residential Services*

I

Crossroads was founded in 1971 and was funded in 1973 by the Connecticut Drug Council, later to be known as the Connecticut Alcohol and Drug Abuse Commission (C,A.D.A.C).

Originally Crossroads was funded for 25 beds, this in order to address the needs of the Spanish speaking community in the State of Connecticut. Through the years however the Program has increased its' size to 68 beds. Ten of these beds comprise the Womens' House. The Womens' house offers its residents the opportunity to have their children with them, this factor is due to the fact that Women are more likely to put off treatment for a longer period of time because of their children. Currently the Womens house has a waiting list of 21 Women, this is an area that requires serious attention. We have asked C.A.D.A.C to fund an additional 10 beds and we are hoping that you can support our request.

Most of the residents that choose Crossroads are hardcore addicts. Most do not have jobs and some live in the streets. We also contract with the Dept. of Corrections. Prison overcrowding has made treatment difficult. The conditions connected to those that come from the prison system often makes it difficult to apply treatment methods. Fortunately a high percentage of these clients complete treatment succesfully, making whatever difficulties we experienced worthwhile and productive. On the other hand however, I would like to see treatment programs assume more responsibility when dealing with the D.O.C client and treatment related decisions. I believe that those of us in this field would appreciate a round table disscussion with D.O.C on this matter, certainly such a plan like the one I have suggested would be beneficial to all concerned.

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II

Siting is probably the most serious roadblock that exists. In New Haven for example the South Central Rehabilitation Center has been looking for a site for over 2 years. They have risked loosing the funds that the state granted them and all due to the fact that they have not been able to locate their program. Crossroads has been attempting relocation for years, this year we finally found a good location but we have been met with resistance. Our fight to relocate began in 1988 when we initiated negotiations with the owners of the new site, to this day we have been unable to close on the deal.

I am trully greatful for this opportunity to share with you the grievances that we front-line treatment people are experiencing. There are however problems so deeply rooted that I find difficulty in expressing them. To understand one must know what goes on in the streets; Drug dealers hold entire communities hostage, selling drugs has become the normal way of life and life in our communities consist of those that use and those that sell. Housing Projects are where we store the poor and wharehouse the unwanted, how can the younger generations survive such conditions !

Drugs can be the most powerful weapon in the hands of a terrorist Small defenseless countries that deal in drugs can and do cause thousands of drug related deaths without firing a shot. This must be stopped! We are not doing enough to stop drugs. Our methods have been found ineffective. We are the most powerful nation on Earth yet we are powerless and defenseless against our real enemy- DRUGS.

STATEMENT OF SHARON BURTS

My name is Sharon Burts and I live at 147 Nahum Drive in Hartford, CT. I am Vice President of the Bowles Park Tenants' Association, a public housing development for moderate income - "working poor" - residents. It is managed by the Hartford Housing Authority.

I submit this testimony to you not only on the behalf of the Bowles Park Tenants' Association and leadership, but also as a black working woman with 3 small daughters ages 3,4, and 6 years old.

Living in public housing is supposed to be temporary. Up until the 1960's, it was. What has happened? Why has public housing become a dead-end living arrangement for millions of American men, women and children? Why have America's public housing developments become havens for drug dealers and drug users, for crime, violence and poverty? Where has pride and dignity for public housing residents gone? Should we have to live with fear, shame? This is the United States of America. We work to secure appropriate living for people in nations all over the world while our own people live like shit. Yes ,I am angry and let me tell you some of the reasons why.

Let's talk about real fear:

Fear is coming home with your 6 year old daughter and having to escape gunfire from youth gangs on my block by driving across the lawn with my daughter lying on the back seat.

Fear is being a lead organizer - having to choose between improving your neighborhood or finding your car tires flatten day after day.

Fear is having the drug dealers send a letter threatening your life and your family's lives. I've attached the letter received by our Tenants' Association President.

Fear is being afraid to let your children go outside in their yard to play.

Fear is having to call your husband in the evening after a late community meeting because you are afraid the youth gang could be waiting for you.

Fear is being unable to relax in your yard after a long day at work without seeing drug transactions and hearing guns shot out of speeding car windows.

Fear is being unable to sleep with your windows open on a hot summer evening.

Fear is having to go to work each day knowing that you could go home and find your home robbed.

Fear is having to explain to your young daughter why the police had to search in between a young man's legs looking for drugs.

Fear is having elderly residents afraid to leave their apartments for fear of their lives.

Fear is having a 59 year old woman on her way to work have her pocketbook stolen from her.

Fear is seeing a young 9 year old girl get hit by a speeding car driven by a youth with no license. She required two operations.

Fear is having youth involved in drugs sales confront you by saying, "I heard you got my name on a list because we have a friend who's a cop."

Fear is knowing that if changes don't happen, my daughters and other young children in public housing are at great risk to become drug users as they feel peer pressure in this unhealthy environment.

This is not just fear, but real life in public housing

Let's talk about housing conditions that those in positions of power fail to address. Connecticut is the richest state in the nation, and yet, Hartford is the 4th poorest city in America. Hartford has the highest infant mortality rate in the United States. Our national record is also not good. We rank 17th among industrialized nations for deaths of infants and babies. And yet, Hartford is known as the Insurance Capital of the world. We presently have families housed in over-crowded dwellings. Our heating systems, outside lighting, security doors, building exteriors, parking areas, electrical wiring, interior walls, mail boxes - all and more need repairs. Where is the money?

There is a saying that "children learn what the live". This is true for adults as well. People need to live in an environment that is healthy so they can feel self-sufficient and proud. Young people need to see alternative opportunities for careers and housing and see a valid, workable reason to avoid the drug scene. It's awfully hard to tell a kid to work for $5 an hour - if he can get hired - in a go-no-where job, when he can make $1000 a day selling drugs and be "king of the project" with his friends.

The situation in Bowles Park is at a stage where if we could get some serious help and support, we could save a housing development from becoming another "public housing project where the druggies and criminals hang-out". But we the residents and Housing Authority can't do it alone. Often the first response by city, state and federal officials to complaints is that they need help from the residents themselves. Well, we have an active Tenants' Association and yet where is our help?

I would like to make some suggestions at this point:

* First, we must have real protection from crimes. This means more foot patrols, serious police visibility and citizen education on crime issues.

* Secondly, we must provide adequate and immediate age-appropriate programs for our children daycare, Head Start, Healthy Start for infants toddlers and young children; recreation, vocational development and job opportunities for adolescents and teens.

* Additionally, we must begin to outreach with more drug education, drug treatment and follow-up programs for substance abusers. Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous meetings can be sponsored and held in housing community buildings.

* Ultimately, we must provide for realistic opportunities for people to transit from public to private housing as their educational and career opportunities allow them to advance economically.

Youth Challenge
of Greater Hartford, Inc.

May 26, 1989

Subcommittee on General Services,
Federalism, and the District of
Columbia of the
Senate Governmental Affairs Committee of
The United States Senate

The following is a written statement on the problems of drugs and drug related crime in the Hartford Community and our efforts to help deal with these problems:

It has been our experience in working with troubled youth over the past eighteen years that many of the problems of drugs and drug-related crimes stem from within the individual. We view the spiritual component as a major factor in determining ones' ability to cope with the daily pressures and circumstances in ones' life. Our focus on this aspect over the years has proven to be very successful, in not only rehabilitating the outer man, but also transforming the inner man.

Youth Challenge is directly involved in Community Outreach in the following ways:

1. We have a family follow-up ministry involving families of program graduates and clients. The families attend on a regular basis and see first hand the changes that have taken place in their lives. One avenue by which this is accomplished is through an inner-city church outreach, Glory Chapel. Included in our church program is counseling, teaching, men's and women's support groups, spiritual, social and recreational activities designed to strengthen family ties.

2. Youth Challenge conducts weekly services at local and state prisons for the purpose of sharing personal testimonies from our graduates and to instruct in Biblical life-changing principles. Many of the men have voluntarily enrolled in our program, after serving their time, as a result of hearing personal testimonies. Regular counseling and follow-up is provided by our own Youth Challenge Chaplain, Rev. John Melendez, who is also Chaplain of the Hartford Corrections Center. He is assisted by Rev. William DeCioccio, our prison coordinator, and many of our graduate staff.

Raul Gonzalez, D.D.
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YOUTH CHALLENGE
INTERNATIONAL

Reaching the NOW Generation

Youth Challenge
of Greater Hartford, Inc.

3. Youth Challenge has a strong outreach ministry in targeting on city streets and in parks where most of the drugs and drug-related activities exist. During the summer months we place special emphasis on the housing projects and disadvantaged areas of the city where we conduct street meeting, rallies, and, at times, films and live music. Many have come directly into our Christian residential program as a result of these efforts. Also, through our follow-up program, many of the families have united in our church and have become active members involved in the community.

Youth Challenge is committed to reach out to all hurting people regardless of color, race or creed. Our success rate through the years of 70% and higher has given us the impetus and inspiration to forge ahead in the fight against drugs, alcohol and other life-controlling problems as we present Jesus Christ as the only viable alternative for this generation.

YOUTH CHALLENGE OF GREATER HARTFORD, INC.

Raul Gonzalez
Executive Director

Wendell Ashby
Director

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Wesley Thorpe, Church Treasurer
Elizabeth Foster, Church Clerk
[illegible] Morris
Historian
Wesley Thorpe, Carl Pollard, Rental
Agent and Caering Service Assistant

IMMANUEL BAPTIST CHURCH

Curtis M. Cofield, II, Senior Pastor
and Chief Administrator
A.B. M.A. D.D. L.H.D. Ph.D. S.T.D.
ASSOCIATE CLERGY
Randolph Chambers Gladys Tucker
Charles D. Walker John Murray
James Thorpe, Deacon
Chairman
Ann Robinson, Deaconess
Chairperson

May 25, 1989

There exists in every segment of our society a wide spread use and abuse of drugs. The users are dependent on the effects of such drugs either as the means of gaining or sustaining effects but also at the risk of deficit health and behavior deterioration, especially in mood and perception modifications. A serious link is evident between user, poverty and crime.

There is a need to educate and to legislate both humane and rational approaches and solutions to this grave people problem. There is need to provide respite from such use and resources for meaningful life outside of the reliance upon drugs. Churches, communities and the nation must mobilize compassionate, constructive and comprehensive actions.

The Reverend Dr. Curtis M. Cofield,II
Senior Pastor - Immanuel Baptist Church
President - New Haven Clergy Association

T.A.D.D.

Tenants Aganist Drugs Damnit was established out of the need to do something about drugs in public housing.

Drugs were running rampant in our neighborhoods. There were at least three dealers on every corner. It was unsafe for our children to play outside. Parents with teens were afraid they would get caught up in the madness of the drug scene or be tempted by the money, exspensive cars, $100 sneakers and gold teeth.

Parents with yonger children were afraid they woouldn't know the dangers of a gun and react when they saw one. We were literally prisoners in our homes, afraid to sit on our porches or even go to the clothes lines.

When ever there was a tenant meeting everybody was talking about the same thing drugs. It seemed the maintenance problems became secondary. Thats when we sat down many evenings and devised T.A.D.D..

We knew that we could not do it alone. We needed our public officials: the Mayor, police, and the Director of Housing. We met separetly with these people and we met as a group. They also saw our need. Everyone concerned were suportive.

We received training from the police after we selected our tenant patrol. We also received at least 24 hour patrol for two weeks in each of the six developments involved. In some cases like Quinnipiac Terrace we had six weeks.

05 25 89 08 11 AM

From the Mayor we received a kick-off in Rockview Circle, (cook-out, with the Mayor, Senators and Congressmen present) We needed the drug dealers to know we were not alone.

Housing Authority started evictions on tenants who were convicted of dealing from their apartments. We also received better lighting in some developments.

Even though the drugs are not completely gone we do not have the amount, or the density we had a year ago. Our tenants "patrol" is an anonymus patrol. Some patroling is being done from inside apartments. Some is being in a seemingly innocent walk to the park or the store. We are calling to report drug activities and getting results.. What we need now are more substance abuse centers, higher bails for the distributors and sellers and more jails. We also need jobs for the ones that are truly tring to get away from the drug scene. I personally know three young men that have broken away from the drug scene. You may think three is a small number but to me its a "" SMALL WONDER "" given the amount of money they were making.

However many laws it takes, howevere many bjails it takes or whatever else needs to be done the madness of drugs must STOP. I know the ultimate answer lies in all people concerned "WORKING TOGETHER".

Thank You

Virginia Henry

VIRGINIA HENRY